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ABSTRACT

This collection of resources is a response to the unprecedented crises for school children, staff, and communities in 1997-1998. It is based on and is an expansion of the November 1998 issue of "Communique," a book of handouts, and other National Association of School Psychologists (NASP) publications. This packet contains the applied knowledge needed by professionals to successfully protect and support children, families, and staff when tragedies or disasters occur. Section 1, "Violence Issues and Prevention," includes 15 articles adapted from a variety of previously published sources. Topics covered are: bullying, school violence, guns, peacemaker programs, warning signs of student violence, topics for anti-violence seminars, strategies to reduce violence, and NASP resolutions. Section 2, "Crisis Response Strategies," covers issues of best practices, response plans, practical suggestions in dealing with death, various guidelines for educators and communities, checklists, and handouts. Section 3, "Suicide," contains five articles on recognizing ideation and behaviors, best practices in intervention, response programs, information for parents, and a handout. Section 4 "Lessons Learned," includes seven articles covering occurrences in Paducah, Jonesboro, Edinboro, Springfield, and Richmond. Section 5, "Symptoms, Reactions, and Protective Factors," includes six articles on grief, childhood traumas, caretaker reactions, stress information, and a list of questions to aid in estimating severity of reactions to death. Section 6, "Resources," contains additional information on safe schools, crisis resources on line, and five sample notification letters. (AVC)

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Crisis Prevention and Response

A Collection of NASP Resources

Edited by
Andrea S. Canter and Servio A. Carroll

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Foreword and Acknowledgments

The 1997-98 school year was one of unprecedented crises for school children, staff and their communities. In addition to horrific shootings and assaults on school grounds, a number of communities were ravaged by tornadoes, hurricanes and floods. In the summer of 1998, after attending the intensive community crisis intervention training provided by the National Organization of Victim's Assistance (NOVA), we recognized the need to publish a special issue of the NASP *Communiqué* to address the issue of school violence and response to crisis events. Further, we realized that NASP had no current set of resources to address school-related crises. Once the November *Communiqué* was published, we proposed expanding this to a more user-friendly collection of resources, adding materials from other issues of *Communiqué,* our recent book of handouts (*Helping Children at Home and School*), and other recent NASP publications. We also sought some additional resources to "fill in the gaps." Finally, we sought to get this set of resources into the hands of school psychologists and other professionals as quickly as possible — crises don't wait until we are ready!

We have many people to thank for their contributions to this project. First and foremost, we must recognize the incredible work of the NASP National Emergency Assistance Team — Scott Poland (Chair), Ted Feinberg, Phil Lazarus, Rich Lieberman, Bill Pfohl, Kris Sieckert and Frank Zenere. Throughout their busy and often unpredictable schedules, they found time to write articles for *Communiqué* and other NASP publications that are included in this collection; they also provided ideas, resources and some revised and new articles for this project. We also salute the work of Steve Crane, who helped establish the first NEAT team after the Oklahoma City bombing.

In addition to the NEAT Team, we also extend sincere thanks for the contributions — written and otherwise — of those who were willing to share their personal experiences: Cathy Paine (Springfield, OR) and Betty Stockton (Jonesboro, AR), who supported their communities in the wake of schoolyard shootings; Kathleen Ness and Marta Vanderpan (East Grand Forks, MN) who lived and worked through the Red River Valley Floods of 1997; and Gregory Carter (Richmond, VA), himself a gunshot victim of student violence.

We also thank school psychologists who shared materials and handouts developed by their local crisis teams — Nancy Metzler (Wheaton [IL] North High School); Cathy Paine (Springfield, OR Public Schools), Scott Poland (Cypress-Fairbanks ISD [Houston, TX]); Sherrie Lindborg and Mary Peterson (Minneapolis Public Schools); and the Crisis Intervention Team from Sheridan, WY (School District No. 2).

Many of the articles and handouts included in this book were written for a special issue of the *Communiqué* (November 1998). In addition to those already mentioned, we are grateful for the contributions from Trish Boland, Steve Brock, Kevin Dwyer, John Kalafat, Jennifer Kitson, Bill Pfohl and Jeremy Shapiro. We also note the editorial contributions of Alex Thomas and Jeff Grimes, editors of *Best Practices in School Psychology III* (NASP, 1995) and George Bear, Kathleen Minke and (again) Alex Thomas, editors of *Children's Needs II* (NASP, 1997), from which we have reprinted several chapters.

We also salute the contributions of NASP staff and leaders who have supported this project since its inception — Susan Gorin, NASP Executive Director; Marilyn Brazier, NASP Deputy Executive Director; Gina Grieb, Director of Publications; Leslie Paige (Chair) and the members of the NASP Publications Board; and Jay Folie of Conner & Company, who handled all layout and design tasks on a very tight schedule.

Finally, we acknowledge and thank our families for their support and understanding during our work on this project.

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March 1, 1999

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Introduction

by Kevin Dwyer, NCSP
NASP President-Elect

School psychology has as its mission the promotion of educationally and psychologically healthy environments for all children and youth. Children who live in an environment of fear, where interpersonal problems are typically resolved through violence, bullying and intimidation, are likely to suffer educationally, psychologically and physically.

We cannot allow psychologically unhealthy school and community environments to continue to take their toll on our children. The real increase in community violence in recent years and the perceived increase of violence in schools only heightens our responsibility to address this epidemic through aggressive preventive programs in every school-community. We must affirm our mission. This book is designed to help school psychologists and other professionals carry out that mission.

School psychology has a wealth of knowledge available to help reduce the incidence and impact of a variety of crisis situations. We are skilled in teamwork, facilitation and consultation to teach, model and coach pro-social skills. When tragedies or disasters occur, our professional responses as crisis team members can be effective in saving lives and reducing the long-term, lasting negative impact of such events. This book contains the information — the applied knowledge — that is needed by all professionals to successfully protect and support children, families and staff.

It begins with an awareness that bullying takes its toll. "Boys will be boys" cannot be tolerated. The text reminds us that guns in the hands of children ring the death knell. We are reminded of our responsibility to teach all that secrets can be deadly and that the "conspiracy of silence" must be eradicated.

Crisis prevention and intervention require knowledge, skill and planning. Interventions also require recognition that sustained support is necessary to address each individual's psychological needs. This book provides the knowledge and resources. Using this text and working with other professionals and families, we can formulate plans and develop skills.

We must not forget that we are the community. We, along with our neighbors, vote; we consume; we view television and movies; we pay taxes for roads, prisons and schools; we contribute to charities and even volunteer our services. We are also part of a national community that glorifies violence. Our nation's social norms, portrayed through the media, reinforce the use of violence and firearms to solve problems. Some states are reported to have more licensed gun dealers than certified teachers. What does this say about our society? The child homicide and suicide rate in the United States is twice that of 25 other nations combined. As part of the community we cannot just teach prevention in schools and treat the victims of violence. We must also carry the mission of NASP to fulfillment through active involvement in addressing the social norms that perpetuate violence. Let us continue our mission on all fronts.

Kevin Dywer, NCSP, is NASP President-Elect and co-author of Early Warning, Timely Response: A Guide to Safe Schools, *published in 1998 by the U.S. Department of Education.*

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Children Killing Children

Strategies to Prevent Youth Violence

by Kevin P. Dwyer, NCSP
NASP President-Elect

A five-year-old child walks into the grandfather's bedroom and reaches up to the top of the dresser to snatch a handgun. Placing it in a backpack, the child takes the gun to school to kill the kindergarten teacher who put the gun-carrying child in "time-out" for being disobedient the day before. Luckily the teacher finds the gun before it is used. The five-year-old is arrested. A true story, this happened last spring. This is one painful example of the 250,000 or more weapons children will bring to school each year. Some bring guns, some knives, most carry for "protection." However, some, like the kindergartner, bring guns to school to kill adults or other children. Is there an epidemic of violence in our country? The answer is "yes" and we can stop it!

Availability of weapons is but one factor in this epidemic of children killing children. A combination of factors has caused this epidemic, including: (1) too many guns; (2) the media's glorification of violence; (3) poor schooling in social responsibility; (4) the absence of adult care and supervision; and (5) ravages of poverty. Interacting, feeding on each other, together these are the known root causes of this epidemic of violence. Some also feel that a *conspiracy of silence* has allowed this epidemic to fester.

Sadly, we know a great deal about the causes. We also have proven solutions to both reduce the spread of violence and eradicate much of its lethal results. But it will take sustained community effort, supporting and using a complex of solutions to save our children.

Root Causes: Availability of Guns

It is surprising to me that people are shocked by the news of children killing children with guns in West Paducah, Kentucky, Jonesboro, Arkansas, Springfield, Oregon and a dozen other seemingly safe small towns. With more than 200 million guns privately owned, four guns for every child ages six to sixteen, it is surprising we don't have *more* killings. We should be thankful that the millions of children who have access to guns don't think, more often, that guns are good tools for problem solving. Killings aside, many youths do carry guns. According to a recent article in *Science* magazine, nearly 8% of teenagers surveyed using a highly anonymous computerized questionnaire reported that they carried a gun during the past month (Turner et al., 1998). In another survey by the Centers for Disease Control and Prevention (CDC), 11.8% of students reported carrying a weapon (gun, knife or club) in the previous 30 days (CDC, 1995).

Children killing children is not a new problem. It is only a new problem for rural and suburban communities. It is also only recently that younger, preteen children are killing with guns. For decades children shooting children has been a phenomenon of the city, of youthful teen gang members "dissing" rivals or teen drug dealers killing over territory. City teen murders seem as common on nightly news as commercials for antacids. We are only startled by that news broadcast when it is reported that a four-year-old child has fallen victim of the drug dealer's stray bullet. Numbed to the knowledge that black teenage males die from guns at a rate 100 times that of their white counterparts, we seem unaware that, nationally, this gun epidemic kills a child under 18 every 2 hours, is the leading cause of death for black male youth and second leading cause for white male youth. CDC (1995) reports that violence kills more children than all diseases including cancer, and that suicide is the third leading cause of death among teenagers.

In the 1950's, guns were owned by people who enjoyed hunting and sportshooting at round targets. Today guns are purchased for personal protection and for "firepower." Targets are shaped like

humans and "self protection" is the mantra of the salesperson: "You can stop anybody with a 357 Magnum." Most tragic is the change in how people publicly talk about guns — the father bragging about his guns while sipping a beer with friends, overlooking the awed expressions of his children standing nearby. Adult show-and-tell. Wait until those children can tell their friends or possibly even show their friends Daddy's Uzi. Is that gun really the family's protector?

Root Causes: Violence in the Media

All of these killings reflect learned behaviors and attitudes. The children who shot their classmates and teachers learned to see violence as a way to deal with discomfort and problems. We teach too many of our children that frustration and angry feelings can be vented through violence, through killing. Television portrays killing as a common, everyday way to solve tense, interpersonal problems. Television shows children that guns are the most effective way to kill.

"The trigger pulls the finger." This is what Dr. Scott Poland, school psychologist and national crisis expert, told the U. S. Congressional Subcommittee on Early Childhood, Youth and Families on April 28, 1998. Dr. Poland led the crisis team in Jonesboro, Arkansas and West Paducah, Kentucky. He noted that children's access to guns and television, computer games and other media have provided the means and the models for the angry, frustrated, abused or suicidal child to be pulled to the trigger of a gun. Three out of every five television programs contain violence, according to the National Television Violence Study released this year. Research professor Barbara Wilson of the University of California-Santa Barbara noted that 89% of TV movies depict violence as the solution to interpersonal conflict. Television violence contributes significantly to children's learning aggressive behavior. Even heroes are now angry killers. The hero is frequently portrayed as equally violent as the villain, voicing anger just before shooting rapid-firing guns at the bad guys. Frequently, there is no pain, no remorse, no punishment for the killers.

A major network reporter told me recently, "If it bleeds it leads." He said this is what the public prefers. Thus the nightly news affirms to the child that fictional violence is a mirror of reality. The child can only conclude that people really do frequently shoot each other when angry or frustrated. One girl in Jonesboro, a school psychologist reported, tearfully queried her father, "When I get really, really angry, will I shoot somebody?" Children also hear about conspiracy obsessed militia, armed with weapons of war, ready to kill all who disagree with their paranoia. We have disgruntled employees shooting their boss or coworker to resolve real or imagined problems. Most murders occur in homes and involve family, friends or hurt lovers. More models of violence on television, blending fiction with reality, giving tacit permission for more of us to self-determine who is the enemy, who needs to be killed.

Video and computer games mesmerize children. As a therapist, I have dealt with brothers fighting, out of control, for equal time to pull the video-game triggers of "controllers," the mechanism hooked to the television, used to help the preschooler quickly kill the alien before the alien kills the representation of the preschooler on the TV screen. These games reinforce rapid, impulsive responses in young children rather than the cautious, reflective thinking needed to play chess or checkers and necessary to control behavior. Video games brainwash these very young players, producing reflexive knee-jerk responses. Yet, these games are used by many parents as reinforcements, rewarding children for completing their homework or chores. Like television, these stimulating games keep children occupied and entertained while pressured parents, stressed for time, try to manage other responsibilities. One author coined the term "screenagers" for our modern youth, noting that the time children spend in front of the TV and computer screens is ever increasing and may cause some loss of reflection, patience, interpersonal communication skills and even muscle tone.

Root Causes: Family Stress and Child Alienation

Children learn much more from television and from watching adults in their home and community than they do in school. From the earliest years they imitate what they see and hear. They say what we say and do what we do. By the age of twelve they know every family secret and every hiding place for

your private videos, magazines and guns. This is why as mental health professionals we warn adults about overstimulating preteens. We warn about the use of vulgarity, out-of-control angry feelings and other behaviors children observe. Children who are overstimulated by sex or spousal violence in their home will, we believe, quickly imitate that behavior in their own relationships. Children who experience violent problem resolution, including spanking, in their home will more likely be violent. Equally, toddlers who grow up in uncaring, undisciplined or inconsistently disciplined environments will enter school with poor behavioral control.

Drs. George Batsche and Howard Knoff, University of South Florida, report that "bullies" have learned to see the most innocuous behavior of others as hostile and thus are always on the offensive. For bullies and other hostile youth, problems *must* be solved by verbal threat or physical violence (Batsche & Knoff, 1994). Research data reported by Dr. George Bear, University of Delaware (1998), indicate that children learn to be violent when neglected, abused or living in homes or communities where violence is the norm. The roots are formed in preschool years and for many of these children school is the only safe haven in a coercive community of chaos. Poverty plays a role, increasing the risk of exposure for several million children. Batsche and Knoff (1994) report that poverty contributes to the rate of peer group instability, frequent moves, lack of cognitive stimulation, harsh discipline and drug and alcohol abuse, all increasing the risk for childhood aggression. They also caution that many parents in poverty are remarkably able to overcome these factors and raise healthy children.

Unlike the "Leave it to Beaver" fantasy family of the past, children are reared in many single-parent families and homes where both parents work. According to the Carnegie Council on Adolescent Development, there are more "latchkey" children, ages 10-14 years, going home to an empty house (equipped with video games, cable, soap operas, talk shows and guns) than there are children going home to a parent or remaining in an effective after-school program. Risky behaviors occur with high frequency during this unsupervised time. Again, children of poverty are even more likely to return to an empty house. Today's high divorce rate of 50% can result in more developmental disruption in children's lives. The caretaking parent has additional burdens, stressed to earn an income and run a home on limited resources and finding her(him)self separated from the extended family support system more common to the 1950's. Finding a safe niche and a job, too frequently, requires frequent moves and a patchwork of inadequate child care.

School Responses to Violence

Schools continue to use 1950's remedies to address these complex risk factors. Suspension, expulsion and other punitive temporary removals from education are failed responses to signs of aggression, according to Dr. Russell Skiba of Indiana University's Institute for Child Study and other researchers (Skiba & Peterson, in press). Too frequently, the sequence of escalating events begins in the earliest of grades when the child shows signs of disrespect, of an inability to play cooperatively with others, as well as developmental and academic problems. The child may find him/herself in "time out," learning nothing, rather than in classroom instruction. The correct behavior has not been learned as a skill yet school authorities presume it to be learned at home. The disruptive behavior is punished (or ignored) and the child is not *taught* the correct behavior. Making correct behavioral choices is seen as the parent's responsibility. Soon the child is spending more time in the principal's office than in the classroom. As the years go by, the child, academically frustrated and labeled a troublemaker, learns to escape learning, becoming more frustrated and more aggressive toward peers and teachers. Eventually the "big bang" behavioral problem emerges and the child is removed from schooling altogether or referred to special education. By age 13 this child is on the way to the juvenile justice system.

The school may be rid of the problem but the community remains a victim. The "bully" is now a delinquent. Such children, having identifiable psychological problems, are suspended and expelled and go untreated until they become violent or suicidal. Sadly, school interventions are "too little, too late." The referral for weekly counseling is too late and, frankly, may make the youth less receptive to a more effective remedy for the long-term intense set of problems.

Solutions for Educators, Families and Communities

Simple solutions don't work: We seek simple solutions and simple answers to childhood aggression, to children killing children. We can no longer allow ourselves the luxury of finding someone or something to blame for the more than dozen school shootings since 1992 or for the less sensational but dramatic increase in suicides among teens and preteens, from Chapel Hill, NC to North Dakota. Today's overstimulating, less supportive environment requires multiple interventions by parents, schools, religious groups, volunteers, policymakers and businesses to curb this epidemic. We know it is the combination of the above factors that has produced the problem, yet we continue to look for easy answers. We must address gun access and the media's modeling of impulsive problem-solving together with the overstimulation of children to act like adults in less structured environments. We must teach positive behaviors. We must provide effective schooling and after-school care. Too many children are raising themselves. Too many families are "giving in" to material demands out of stress for not having the time their children need. And poverty costs society far more than we wish to acknowledge.

Prevent gun access: If you are a gun owner, in today's world you must be aware that many children have been conditioned to think of guns as killing toys that can be used to solve problems. Therefore if you need to keep guns in your home and your home is ever open to children, you need trigger locks and a failsafe plan for keeping the guns away from the children. Others who oppose guns should support laws that hold owners responsible for keeping guns out of reach of children. It is particularly critical for parents to keep guns out of reach of children who may be depressed, show signs of impulsivity or aggressive responses to anger or frustration. Families need to seek help for these children.

If, as a parent and gun owner, you feel unsure about your ability to keep your guns out of your child's reach, or if you or your child is prone to anger, get rid of the guns. Guns can be replaced—children cannot. All parents should tell their children about guns, that people may have them in their homes and that they are lethal weapons and not toys. Make sure that your child knows that a friend's family may allow things that you do not allow, such as touching real guns. If you are inclined, support gun control legislation in your state or community, particularly trigger locks and owner responsibility.

Community policing and adult volunteers: Families in all communities need to work together to ensure that children are safe and protected from harm. Community policing is a proven violence reducer. Effective neighborhood watch campaigns, "helping hands" and other community support programs enable children to play in a safe atmosphere. Volunteer in your community. Businesses can connect with their community through General Colin Powell's Army of Volunteers or other programs.

Parenting: Time pressures are great on working parents but you can develop routines. Children thrive on routines and structure. As parents, stick to your rules, provide structure and avoid showing physical, angry responses to everyday problems or frustrations. Corporal punishment is not effective. Model talking-it-out rather than striking out. Teach your children early on to calmly use words rather than fists. Spend 15 minutes a day in quiet conversation or play with your child, listening, commenting on what you observe, not lecturing. Starting early will pay off when your child goes through those sometimes painful, early adolescent transition years. Your modeling of verbal problem solving and thinking out loud can help your young child imitate verbal solutions. Never, never discount a child's worried, angry words or significant changes in sleeping, eating, motivation, school grades or other behaviors or friendships. If your child becomes very evasive, secretive and irritable, check it out and seek help. If your child shows a progression of poor anger control and threats of violence, don't respond with anger — get help from your family or religious advisor, school psychologist, counselor, pediatrician or others you trust. Be open when seeking help, and don't let others discount your worries.

Simple quick-fix solutions are not benign; they make real solutions harder to implement later. Poorly designed, graduated sanctions, solutions or punishments can result in some children graduating from violent words to violent actions. Be persistent in seeking help — your child's psychological health may be at stake. If your child talks about violent acts toward others, makes plans, writes plans or gathers materials that are dangerous, it may be only a matter of time before plans or words turn into

violent actions. If your child asks you what to do about a friend that thinks violently, get help. We should never unknowingly be part of the conspiracy of silence. The same is true for drug abuse. If you know there are drug problems in your school or community and you do nothing because *your* child is not involved, you are part of the conspiracy of silence.

Influence your schools: Families and community leaders can support, encourage and participate in positive school climate programs, including those that support praise and respect for children. Find out what your school is doing to prevent classroom disruption, vulgar language, bullying, fighting and violence. We need instructional programs that teach problem solving and conflict resolution.

Parents can actively support a prosocial curriculum as part of all children's education, across all grades, starting in kindergarten. This is neither religion nor socialism. It means ensuring that all children are taught responsibility for their actions and caring for the safety and well-being of other children and adults. Parents should also insist that all school employees are responsible for a safe school environment, conducive to learning. Parents as consumers can insist on effective school leadership and teachers who are skilled and authoritative in their classrooms; parents should support and reward these professionals. Make sure that your school teaches the basics using proven instructional methods, not fads, and uses effective behavioral learning techniques. Make sure you and your schools teach children to *not* keep dangerous secrets friends tell them. Children need to know that through such secrets, their friends really are asking for help and they and the adults are the helpers.

Help bully-proof your schools. Support teaching children to "stop-and-think" before they act on impulse. Don't allow graffiti, petty thefts, extortion or classroom disruptions in your schools. Demand the discipline data and, with your school, use the data to solve problems and not to blame or condemn anyone. Research shows that tolerating disruptive behaviors will result in more aggression and a greater feeling, by children, that adults just don't care. This causes further alienation and a sense of hopelessness. Research shows that teaching children how to replace angry, aggressive behavior with thoughtful communication can very significantly reduce violence both in school and in the home. Research has also shown that professionally run in-school problem solving teams (with counselors and school psychologists) providing ongoing consultation to teachers can curb bullying, aggression and violence. These same teams can assist in crisis management when problems occur.

Families can join with religious leaders, Scouts, Boys & Girls Clubs, the police and others in supporting schools that teach responsibility and problem-solving skills. All should work to increase funding and resources for effective after-school programs to reinforce these skills. Volunteer to work in your schools, with your police or with these community groups.

Television and video games: Evaluate your child's exposure to television and video games. Use the rating system materials provided by the National PTA and the National Cable Television Association to help monitor your child's viewing. Limit the time your child spends watching television. You should contract with your child about what programs to watch. Throw away those violent video games and don't buy anymore. They brainwash your child to think violently and impulsively. They are conditioning your child to be reactive rather than reflective. Find alternatives to television that will encourage your child to be imaginative and active. Yes, organized sports are effective but that can, for some children, be another scheduled event for frustration or social embarrassment. Find your child's strengths and focus on those skills.

The Cure

Together we can turn this epidemic of violence around or we can tolerate the unnecessary toll on our children. Simple solutions alone, such as metal detectors or school uniforms, will not work. More expulsions, more jails and more punitive measures will not work and will only increase the hopelessness and mistrust of our public institutions. Failed solutions draw tax dollars away from effective prevention programs. Teaching children appropriate ways to communicate and behave begins very early, even before school. We must invest in effective child care and primary grade education.

Some children need more than skilled caring adults to teach them responsibility. No child can be

thrown away. Communities must also support better child mental health services in our schools. Less than half of our schools provide any psychological services beyond diagnosis. Most children needing services are not diagnosed until they create a serious problem for themselves or others. Such children, unserved, drop out of school at a rate of 55%, five times greater than the national average. Untreated and uneducated, they fall into poverty. They may become parents to another generation of at-risk children. Communities can use innovative ways to pool funds and resources to better address such mental health problems. Coordinated services are possible if taxpayers support and demand them.

There is no vaccine for violence. It will take years to curb this epidemic. It took years for us to allow it to be created through the proliferation of guns, media violence and the destruction of the family. We have provided failed school and community solutions. We have taught our children that guns are for shooting human beings, that the trigger pulls the finger. Now it is time to teach each child to think before acting, to care about others, to use their words to problem solve, to kill no more.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

School Violence

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Background and Development

According to the 27th annual Phi Delta Kappa-Gallup Poll (Elam & Rose, 1995), for the past several years "lack of discipline" and "fighting/violence/gangs" are among the biggest concerns adults have about America's public schools. As such, it behooves school psychologists and other educators to be aware of what is known about the occurrence of violence in schools and which prevention and intervention strategies have been implemented to reduce its incidence. School violence obviously violates fundamental tenets about providing safe conditions in which teaching and learning take place. However, many publications and other media sensationalize violent incidents occurring on school campuses, contributing to the development of negative attitudes toward schools (Elam & Rose, 1995). Although the popular media may serve to motivate much needed school safety action, there is also a need for thoughtful, informed program development.

The reader is encouraged to consider the topic of school violence as encompassing more than responding to obvious violent, criminal behavior in schools, although such interventions may at times be necessary. This chapter emphasizes the importance of critical analysis of (a) what is known about school violence and its impacts, (b) how school violence prevention fits into the broader educational mission of schools, and (c) the implementation of prevention programs that are thoughtfully embedded within broader support efforts to promote student personal and social development and to enhance the context in which learning occurs.

Definition Confusion

Only two studies have examined school psychologists' own experiences with school violence and the types of violence that occur on school grounds. Furlong, Babinski, Poland, Mu;atnoz, and Boles (1996) found that school psychologists were unlikely to be the victims of even mild forms of violence at school but that a wide range of incidents occurred to students and other individuals at their respective schools. An interesting finding was that school psychologists' perceptions of the size of the "violence" problem was strongly associated with the type of incidents that occurred. Bullying and harassment behaviors (both verbal and milder physical forms of pushing and punching) occurred in almost all schools, even those described as having little or no violence problem. In contrast, school psychologists tended to describe their schools as having a "moderate" school violence problem when property incidents (e.g., stealing and vandalism) occurred and as having a "big or very big" violence problem when serious physical assaults (e.g., hit on the head, cut with a sharp object, or threatened with a gun) occurred. A second study (Dear et al., 1995) found this same pattern of responses from teachers, school counselors, school administrators, and education credential candidates.

Consistent with these findings, Kameoka (1988) found a surprising amount of diversity among which specific school behaviors were considered "violent." He asked a sample of recent high school graduates to rate the level of violence in 71 behaviors that could occur at school. Even for the incident rated as most violent across the sample (sexual assault on campus), about 25% of the respondents rated this behavior as completely nonviolent. This lack of consensus about which behaviors characterize school violence may have its roots in the fact that youth antisocial behav

ior has strong and traditional ties to law enforcement and juvenile justice disciplines. Educators may be more comfortable addressing the "antisocial" behavior of specific youth as part of a broader developmental perspective rather than addressing "violent" behavior, which can be considered a widespread social problem.

Given the confusion surrounding the term "school violence," questions arise regarding the nature of what school violence is and why it should be investigated. In American society, schools are the primary social setting in which intimate, caring relationships develop. As complex and intimate social settings, perhaps the ones shared most generally by all children, the influence of schools as norm-setting environments can transcend the individuals involved. Because children expect schools to be safe, secure, and nurturing environments, the effects of violence at school can be quite damaging to a child's fundamental sense of security and interpersonal trust. Thus, the term "school violence" encompasses not just the behaviors of individual students, staff, and intruders, but also the broader impact to the social setting in which these behaviors occur (Furlong, Morrison, & Clontz, 1991). The construct of school violence is therefore similar to the construct of family violence, in that the context in which violence occurs is crucial to its understanding.

From an educator's perspective, it is helpful to think about school violence as including a range of behaviors that occur at school and that lead to some form of personal harm (Furlong, Morrison, & Dear, 1994; G. M. Morrison, Furlong, & R. L. Morrison, 1994). Such classes of behavior include bullying, anger-control problems, aggressive behavior, sexual harassment, and even corporal punishment (Hyman, Zelikoff, & Clarke, 1988; see related chapters, this volume). With students' developmental risk factors in mind, school personnel can conceptualize school violence as a continuum of behaviors with harmful effects that progress from accidental to neglectful to finally intentional acts. Consistent with a broad developmental perspective, Dear & CTC Advisory Panel on School Violence (1995) define school violence as:

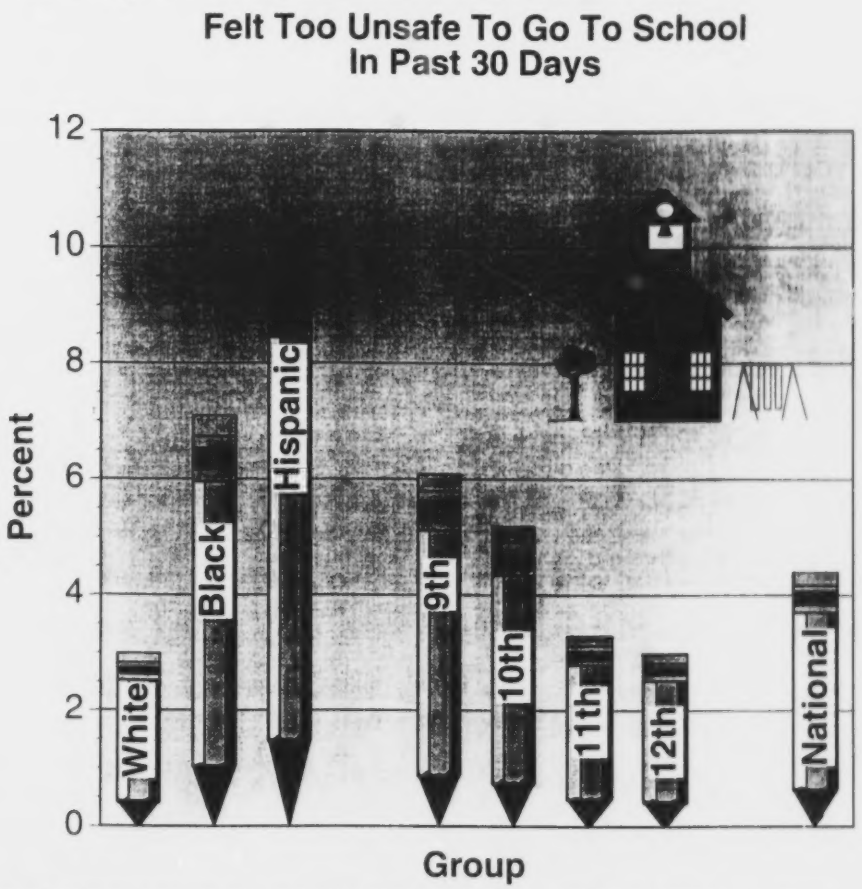
> a public health and safety condition that often results from individual, social, economic, political and institutional disregard for basic human needs. [It] includes physical and nonphysical harm which causes damage, pain, injury or fear [and it] disrupts the school environment and results in the debilitation of personal development which may lead to hopelessness and helplessness. (p. 15)

How Often Does School Violence Occur?

Popular conceptions of school violence are derived from increasing media coverage and incidence surveys sponsored by special interest groups. These sources of information are not subjected to the scrutiny of scientific review, use nonuniform methodologies, and do not include standard reliability and validity checks in survey instruments (Furlong, Flam, & Smith, 1996). Of the relatively few school violence studies that employed strict scientific methodology, the most extensive was *Violent Schools—Safe Schools* (National Institute of Education, 1978), which is now outdated. One of the few studies to provide a longitudinal perspective on school violence was the National Educational Longitudinal Study (NELS; Hafner et al., 1990), which included a school safety item ("I do not feel safe at this school") in its survey. Responses to this item showed that more seventh graders felt unsafe at school in 1980 (12.2%) than in 1990 (8.8%), a finding at odds with popular beliefs about the upward spiraling of school violence.

Given the NELS findings, there is reason to recognize that many students report being safe at school and may be more concerned with matters other than personal safety (e.g., academics, social relationships). Nevertheless, students are victimized on school campuses and an understanding of their plight is needed. The biannual *Youth Risk Behavior Surveillance Survey* (YRBSS), conducted by the Center for Disease Control and Prevention (Kann et al., 1995), is a useful source of information about how frequently school violence occurs. This survey involved a large, nationally representative sample (N = 16,296) of high school students (Grades 9 to 12) drawn from surveys conducted in 32 states and U.S. territories. With respect to school violence, specific questions addressed (a) avoiding school because of

Figure 1. Percentage of high school students reporting they felt too unsafe to go to school at least once in the previous 30 days.



Note.Data from "Youth Risk Behavior Surveillance — United States, 1993," by L. Kann, C. W. Warren, W. A. Harris, J. L. Collins, K. A. Douglass, M. E. Collins, B. I. Williams, J. G. Ross, and L. J. Kolbe, 1995, *Morbidity and Mortality Weekly, 44*, p. 1-55.

unsafe feelings, (b) getting into physical fights on campus, (c) being threatened or injured at school, and (d) weapon carrying at school. This database provides the best single source of information about the incidence of school violence, although these few questions limit the scope of the data.

Avoiding School Because of Unsafe Feelings

Because self-reported fear alone does not necessarily reflect objective danger in a setting, asking students how many times they actually stay home because of insecure feelings is a useful place to start examining school violence and safety issues. As shown in Figure 1, 4.4% of all students in this national sample (Kann et al., 1995) indicated that they stayed home at least one day in the previous month because of personal safety concerns. There were no difference in the rates reported by females (4.4%) and males (4.3%). Differences by age were noted with ninth graders (6.1%) twice as likely as twelfth graders (3.0%) to stay home. Strong differences were noted by sociocultural groups with Hispanic students (10.1%) the most likely to stay home. Among all of the regions included in the survey, students in American Samoa (23.1%) were by far the most likely to say they had stayed home. Students in the Virgin Islands (8.6%), Nevada (7.8%), and Louisiana (7.3%) were the next most likely to stay home. The regions with the lowest proportion of students staying home were Montana (2.5%), Nebraska (3.0%), and South Dakota (3.1%).

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Getting into Physical Fights on Campus

American folklore sometimes romanticizes scuffles that occur on schoolyards. With concern about more serious incidents of violence has come increasing interest in preventing these less serious forms of aggression on campus in the hope that an escalation of aggressive behavior can be avoided. The *YRBSS* (Kann et al., 1995) asked students if they had been in a physical fight at school in the previous year. Across the national sample, 16.8% of the students indicated they had been in a fight. Again, a strong developmental component emerged, with ninth graders (23.1%) more than twice as likely as twelfth graders (11.4%) to have been in a fight, perhaps reflecting the stress associated with the transition to secondary school and the comparatively lower social status of younger students. Differences by sociocultural group were not strong, but African-American students (22.0%) were the most likely to say they had been in a fight. As one would expect, males (23.5%) were almost three times as likely as females (8.6%) to have fought. Not too surprisingly, regional differences mirrored those for students staying home because of safety concerns. American Samoan students (39.1%) were nearly twice as likely as the next highest regional group (Nevada students, 20.1%) to indicate they had been in a fight. There was little difference across other regions; all ranged from 12.5% (Nebraska) to 17.9% (Louisiana).

Being Threatened or Injured at School

In the *YRBSS* (Kann et al., 1995), the combination of incidents used to measure threats or injuries at school is narrow in focus. As one might expect when an item refers to physical injury, fewer students (7.3%) reported being "threatened or injured" at school than being in physical fights. The same grade level and sociocultural group patterns found for schoolyard fighting held for threats and injury. Ninth graders (9.4%) and African-Americans (11.2%) were the most likely to have been threatened or injured at school. Students in American Samoa (15.2%) and Nevada (10.3%) were the most likely to say they were threatened or injured, whereas students from South Dakota (6.3%) were the least likely.

Weapon Carrying at School

The specter of students toting weapons is perhaps the strongest image that the public has about the potential for violence on school campuses. There is no central source of information, nor an established procedure to document weapon confiscations on America's school campuses (see Furlong, Flam, & Smith, 1996, for a detailed review of studies examining the incidence of guns on school campuses). Consequently, the best source of information is student self-reports of bringing weapons to school. In the *YRBSS* (Kann et al., 1995), students were asked if they had carried a weapon (e.g., "gun, knife or club") on school property during the previous month (note that it need not have been specifically during regular school hours). Nationally, 11.8% of the students indicated they had brought a weapon onto school property at least once. Differences in weapon carrying by age and sociocultural groups were not pronounced. Similar to the other safety patterns just described, ninth graders (12.6%) and African Americans (15.0%) were the most likely to say they had brought a weapon to school. Males in all groups (17.9%) were much more likely than females (5.1%) to bring weapons to school. By region, Tennessee had the highest (18.2%) reported weapon-carrying rate; Hawaii had the lowest (7.9%) rate.

Perpetrators of School Violence

To date, there are no analyses of students who commit acts of school violence. However, research examining the backgrounds of youth with antisocial behavior suggests that these youth exhibit multiple risk factors. For example, Walker, Colvin, and Ramsey (1995) report that students who repeatedly commit violent acts have identifiable high-risk profiles that include being male, academic difficulties, peer rejection, interpersonal skill deficits, prior history of antisocial and/or aggressive behavior that has progressed with increasing severity, involvement in numerous high-risk behaviors, and low self-esteem. For students with a long history of increasingly severe antisocial behavior, this pattern begins in early childhood and remains stable over the course of adolescence and into adulthood (see Aggressive Behavior, this volume).

The work of Walker et al. (1995) suggests a developmental pattern for those youths most likely to

commit school violence. Deficits in interpersonal social skills are manifested early and can often be identified by the age of four. When these youths reach school age, they often have academic and social difficulties yet lack the academic and social skills to cope. As a consequence, they engage in inappropriate and/or antisocial behavior when interacting with peers, are rejected, and then often form their own referent groups with other rejected, antisocial youths. These deviant peer groups often develop attitudes and values that support violent behavior. Social control theory (Felson, Liska, South, & McNulty, 1994) suggests that, even if the student ascribes to nonviolent personal values, the group norms of the deviant peer group override these personal values and elicit violent behavior from the individual. Over time, as the severity of antisocial behaviors increases, the proviolence group values may become internalized.

School Violence Victimization

Much research to date has focused on the rates of negative, criminal acts on school grounds. Only a few studies have sought to better understand the profiles of students who are victims of school violence. Furlong, Chung, Bates, and Morrison (1995) compared students who reported no victimization experiences with those students who reported 12 or more types of victimization in the previous month (less than 5% of the total sample). Compared with nonvictims, victims of multiple forms of violence at school were more likely to be male than female (3:1 ratio) and to be poorly bonded to the school community. Victims of multiple forms of violence were nearly 10 times as likely as nonvictims to feel unsafe at school and 7 times more likely to report low levels of interpersonal trust. The strongest finding was that multiple victims were nearly 22 times more likely than nonvictims to score high on a scale measuring hostile interpersonal attitudes and beliefs. The experience of being a victim of school violence has powerful negative effects that erode a student's connectedness and bonding to the broader school community. In general, experiencing or witnessing any type of violence has a dampening effect on children's development (Pynoos & Nader, 1988). This pattern also holds for violence that occurs at school, with the qualification that as a setting in which one should expect to have positive interpersonal relationships, like in a family, the impact of being a victim of violence is magnified.

Violence victimization at school is a strong developmental risk factor (G. M. Morrison, Furlong, & R. L. Morrison, 1994), but reports of its occurrence contribute to the impression that *many* students are *frequently* victimized. The authors have administered the *California School Climate and Safety Survey* (CSCSS, described later in this chapter) to more than 10,000 students in southern California attending schools in rural, suburban, and urban areas (see Furlong, Chung et al., 1995). Students were asked to indicate which of 21 violent incidents they had personally experienced at school in the previous month. The incidents fell on a continuum of experiences involving *bullying, harassment, property intrusion, serious physical intrusion*, and *threats related to deviant behavior.* Differences across rural, suburban, and urban communities were negligible — 54.3%, 55.3%, and 54.1% of the students in each region, respectively, reported experiencing three or fewer incidents. For 64% of the students, the worst form of violence they experienced in a given month was being called names by another student. Consistent with this finding, 59.8% of the students reported that getting good grades is their biggest worry, compared with just 12.1% whose biggest worry was school violence. Interestingly from a developmental perspective, younger children were more likely than older pupils to worry about school violence. (See also Furlong & Morrison, 1994; R. L. Morrison, Furlong, & G. M. Morrison, 1994.)

Summary of School Violence Research Findings

The school violence prevalence and incident studies cited here show that schools are places where most students feel safe. Nonetheless, a subgroup of youths commit violent acts at school, are the victims of these violent acts, or both. The information just presented suggests that school violence-prevention or -reduction programs should address the needs of both types of students. Even students who are usually nonvictims must learn how to be effective citizens in communities where violence occurs, just as victims need social support and perpetrators need programs to reduce their aggressive tendencies and involvement in numerous high-risk behaviors.

Alternative Actions: Multicomponent School Violence-Reduction Programs

Efforts to address the multiple facets of school violence clearly call for a multicomponent approach. The needs of staff, student victims, witnesses, and even the perpetrators themselves must be managed within the framework of a comprehensive school safety plan. In addition, it is necessary to examine how the school context itself may contribute to the occurrence of violence. A useful model to guide this process, one that encompasses these diverse perspectives, is the Subculture of Violence theory (DuRant, Pendergast, & Cadenhead, 1994; Felson et al., 1994). This model proposes that youth are more likely to engage in violent behavior when they have observed models in their home, community, and school settings that demonstrate and/or validate violent behaviors and attitudes. The model suggests that in school settings it is necessary to examine and then address the needs of students who have largely accepted a violent value system (as in gangs subcultures) and to examine how school norms may sanction or tolerate violent acts. Drawing upon this theoretical perspective, we describe a multicomponent strategy that guides the development of a comprehensive school violence-reduction program. Most schools should find useful some weighted combination, reflecting local needs and conditions, of the violence reduction components listed next.

Component I: Reducing School Violence by Intervening with Aggressive Students

As a result of public policy demands to punitively respond to the threat of violence at school through "zero-tolerance" programs, schools have tended to focus disciplinary actions on perpetrators of violence. Similarly, researchers have begun to investigate the root causes of violence and the development of programs designed to prevent future violence. A comprehensive approach to school violence prevention should encompass multiple components, starting with efforts to modify the behavior of students as well as school staff who have engaged in or are at risk of engaging in violent behavior. The work of Batsche (1997), Lochman (1997), and Pettit (1997) provide valuable resources for this component of a general violence-reduction effort. As shown by Walker and Sylwester (1991), three simple measures (teacher ratings of student social skills, observed aggressive behavior on the playground, and the number of disciplinary referrals to the school administration) are highly effective in identifying students with long-term antisocial and aggressive tendencies. These youth are very disproportionately involved in community and school-related antisocial behaviors, and consequently, programs designed to promote prosocial behaviors among them can reduce school violence.

An example of a complex, empirically tested program that has high contextual validity for addressing individual students' aggressive behaviors in the schools is the program developed by Walker et al. (1995). Their program emphasizes the early identification of and intervention with youth with aggressive behaviors. Once these youths are identified, specific interventions focus on study skills development, social skills development, increased awareness of health risks associated with aggressive behaviors, and development of coping strategies to prevent future substance use or abuse. Interventions are implemented on a case-by-case basis by combining social skills training, positive reinforcement, and response cost procedures in order to produce socially desirable behavioral changes. Useful classroom management strategies, instructional techniques, and playground management considerations for modifying students' behaviors are also utilized.

Component II: Implementing Victimization Support Programs

Surveys show that the overwhelmingly typical response to antisocial and aggressive behavior at school is disciplinary actions, to the near exclusion of counseling and developmentally appropriate behavior programs (Elam & Rose, 1995; Furlong et al., 1996; Larson, 1993). In the rush to placate public fears about violence by administering swift disciplinary actions, the conditions and needs of student and staff victims may be overlooked. A second level of response to school violence should incorporate needs assessments with the implementation of prevention and intervention programs for victims. As shown earlier in this chapter, most students, fortunately, do not experience a great deal of

violence at school. However, a small group does experience multiple forms of violence (Finkelhor & Dziuba-Leatherman, 1994). At school, these individuals develop a negative perception of the interpersonal security and support in the school community, which are hallmarks of individuals who have Post Traumatic Stress Disorder (Pynoos & Nader, 1988; Zins, Travis, Brown, & Knighton, 1994). This fact is particularly important because victims and witnesses of repeated violence are themselves more likely to engage in violence in the future (Richters & Martinez, 1993).

Slaby and colleagues (Slaby, Wilson-Brewer, & Dash, 1994) have developed a violence prevention curriculum that addresses the needs of victims of school violence. This program, *Aggressors, Victims, and Bystanders: Thinking and Acting to Prevent Violence*, focuses on violence among peers and specifically on the roles youth adopt during potentially violent situations. It is targeted at the entire student body. Adolescents examine their roles as aggressors, victims, and bystanders of violence and learn new ways to think about how they respond to conflict. The cognitive-behavioral orientation of this curriculum is apparent in its reliance on a four-step model of conflict resolution: (a) keep cool, (b) size up the situation, (c) think it through, and (d) do the right thing. The unique aspect of this curriculum is its emphasis on the role of the bystander as a critical player in potentially violent situations. One of the primary objectives of the program is to give students the skills to assume a different role in conflict situations—the role of the nonviolent problem solver. Exercises are presented in a variety of ways, including classroom discussions, role-playing activities, brainstorming, small-group work, case studies, self-directed analysis, and homework.

Component III: Implementing School-Wide Violence Prevention Programs

A third level of response involves the implementation of general peacemaking, peer mediation, or conflict resolution programs in school settings. Such programs are natural bridges between components that focus on individual change and those that seek to change the school context in which violent and nurturing behaviors occur. Although there is limited research that has critically examined the impact of these programs on the incidence of school violence (Posner, 1994), several programs have been widely used. These include the *Second Step Violence Prevention Curriculum* (Committee for Children, 1988) and *Violence Prevention Curriculum for Adolescents* (Prothrow-Stith, 1987). A survey review of 51 violence-prevention programs implemented in U.S. schools is provided by Wilson-Brewer, Cohen, O'Donnell, and Goodman (1991). Additionally, peer mediation programs based upon the curricula of the San Francisco Community Board Mediation Program have also been integrated into violence-prevention and -reduction approaches in many schools (see Johnson & Johnson, 1994; Lane & McWhirter, 1992). A brief review of the most widely used, general, school violence-reduction programs follows.

Second Step Violence Prevention Curriculum: This program (Committee for Children, 1988) seeks to develop skills in deficit areas related to social isolation, lack of empathy, impulse-control problems, poor decision-making skills, and anger-control problems. The program targets preschool through middle school students and is divided into elementary and middle school curricula. Both curricula are founded on cognitive-behavioral procedures such as self-instruction, problem solving, modeling, and behavioral rehearsal. A typical lesson involves group discussions centered around stimulus photographs, such as a picture of two boys arguing over a playground ball. The class discussion addresses the consequences of fighting and generates alternative solutions. The middle school curriculum involves a slightly different presentation format and introduces problem-solving skills into the lessons.

Integration of the *Second Step Curriculum* has been a vital aspect of many schools' attempts to prevent and/or reduce violence on their campuses. In the Milwaukee Public Schools, this curriculum has been used since 1991 in 78 elementary schools in conjunction with (a) school staff in-services focusing on violent incident management, (b) peer mediation programs, and (c) parent workshops. Coordinating these services are two school psychologists who work closely with a school team consisting of administrators, counselors, social workers, and teachers. Strategies to incorporate the empathy, impulse-control, and anger-management skills emphasized in the *Second Step Curriculum* into the classroom lessons and into the school environment are designed by the cooperative efforts of the school psychologist, counselor, and classroom teachers so that students are given opportunities not only to learn about positive ways in which to deal with anger but also to practice these new skills.

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Violence Prevention Curriculum for Adolescents: Drawing upon a public health model of violence reduction, this program deals almost exclusively with violence between peers (Prothrow-Stith, 1987). It aims to raise the students' threshold to engage in aggressive behaviors by creating an atmosphere of nonviolence in the classroom and by building alternative responses to anger. The curriculum uses didactic presentation, student brainstorming, role-play, and creative homework techniques to explore global, inter-, and intrapersonal aspects of violence. Over the course of 10 sessions, students examine national and local homicide statistics, explore anger as a normal emotion, analyze how they express anger, evaluate the consequences of fighting, and discuss alternatives to fighting.

Peer mediation strategies: Combining elements of the San Francisco Community Board Mediation Program as well as the School Mediators' Alternative Resolution Team, Johnson and Johnson (1994) developed and implemented a peer mediation program in U.S. and European schools. In this four-step program, students are taught specific negotiation and meditation skills that include:

1. De-escalating angry outbursts and facilitating calm behaviors amongst those in conflict.
2. Introducing the mediation process and rules as well as obtaining the disputants agreement to this process.
3. Facilitating honest, respectful communication between disputants by allowing each to present his or her perspective of the problem by remaining neutral and restating each of the disputant's position to the other.
4. Binding the final solution to the problem via a verbal and/or formal contract.

Ultimately, the goal of peer mediation is to enable students to self-regulate their own behavior, particularly when conflicts arise. All students participate and are given opportunities to practice the skills taught in this program. Once an entire class receives training, a typical format for handling student disputes utilizes two mediators (daily selection of mediators by a teacher, for example) who intervene and prompt the use of mediation procedures when signs of potential hostility between two other students develop.

Until recently, the empirical investigation of such peer mediation programs has been limited. However, anecdotal reports and brief survey responses of various school personnel and students indicate that participation in peer mediation programs have decreased the frequency of conflicts 47% to 50% (Lane & McWhirter, 1992).

Component IV: Interventions Designed to Improve School Climate

The fourth component of a comprehensive school violence-reduction program involves efforts to impact the general climate of the school itself. Such programs may not focus directly on specific violent behaviors per se but rather seek to change the conditions on the school campus that may directly or indirectly manifest themselves in violent acts (Dear et al., 1995). Thus, programs to decrease racism, increase appreciation of diversity, and improve levels of interpersonal trust can decrease violence by improving a school's climate and the quality of the interpersonal relationships among and between students and staff.

Research by Felson et al. (1994) shows that when schools are influenced by subgroups ascribing to a culture of violence the general normative standards of the school can still be strong enough to override the influence of personal violence values. Factors shown to protect schools from being dominated by a subculture that supports violence include having (a) a high proportion of academically capable students, (b) an ethos that stresses academic values, and (c) firm but fair disciplinary procedures. At the same time, exclusive focus on excessive security procedures and discipline may alienate students and create a climate that discourages trusting interactions. This balanced perspective has been recognized by almost every school-community group that has gathered to discuss how to create safe and effective schools (Dear et al., 1995; Ontario Ministry of Education, 1994; Safe Schools Project, 1993). These study groups have all concluded that to reduce school violence it is necessary to implement programs in the three components already described, but it is also necessary to create a comprehensive safe school strategic plan, one that involves the school and its community. Procedures

to complete school safety planning have been described by Stephens (1994) and the California Department of Education (1989, 1994).

National School Safety Center Model: Stephens (1994), of the National School Safety Center, outlines an approach to school safety planning that addresses interventions at the systemic level. He states that for a school safety plan to be effective it must be comprehensive, continuing, and broad based. The school safety planning process is unique in that it includes whichever prevention or intervention programs meet local school needs. Thus, an essential component of this planning process is conducting an initial needs assessment. Regardless of the specific interventions used, for a safety plan to be successful it must have support from the district as a long-term agenda priority and buy-in from the site administrators as a continuing school priority. Stephens describes a variety of potential safety plan actions which include

- Establishing a parent center that encourages proactive parent participation in the school community.
- Ensuring active student input and participation in the planning process.
- Enhancing extracurricular programs for students.
- Integrating the safety plan into the school curricula.
- Supporting staff development through in-service training.
- Making behavior guidelines for students clear and prominent.
- Establishing a crisis response plan.
- Paying special attention to the needs of the victims of school violence.
- Creating partnerships among youth service professionals to coordinate violence prevention efforts.
- Building a state-of-the-art communication network between campus buildings and to off-site facilities such as law enforcement and fire departments.

California Department of Education Model: A guide for developing comprehensive school safety plans was developed by the California Department of Education (1989). The manual, *Safe Schools: A Planning Guide for Action*, presents a conceptual framework to guide the planning process based on the work of Furlong et al. (1991). Procedures are presented to examine the safety and violence risks in the physical, social, and cultural dimension of a school climate. Forms for writing a school safety plan are included along with a videotape discussing key considerations for establishing a school safety planning team.

Summary and Conclusions

A basic human need for children is to be safe and secure. In order for children to learn and to benefit from the education that American schools provide, school personnel must ensure that school environments are free from violence. Whereas the statistics about school violence reviewed in this chapter are sometimes misleading, there are enough incidents on school campuses to warrant serious attention to their reduction. Violence and threats to safety and security are, at the least, an impediment to children's development.

The statistics about school violence suggest that children and school faculty and staff are affected differentially by school violence. Different, but identifiable, groups of children are likely to be touched by violent acts. The perpetrators are likely to have a long history of antisocial behavior. We identified programs that utilize proven strategies to modify this behavior; such strategies include social skill training combined with behavioral techniques.

Another, less visible, group involved in school violence are the victims. Although not as much is known about how they become victims in the first place, research has documented certain demographic characteristics such as belonging to the youngest grade group on a school campus and being African-American or American Samoan. Social alienation and attitudes of hostility and mistrust have also been associated with victims of school violence. Support programs for these students as well as potential bystanders and observers of school violence include counseling services and the development of conflict resolution skills.

Table 1 Essential Actions for Reducing School Violence on a School-Wide Level

1. Needs Assessment: Conduct a needs assessment to determine what needs to be addressed at your school. Ask students, parents, and staff members about their views of what happens on campus and what needs to be done about it.
2. School Safety Plan: Develop a comprehensive school safety plan that (a) responds to the identified needs of the school, (b) involves the entire school community, (c) incorporates multiple intervention techniques, and (d) targets students and staff at all three levels of intervention.
3. View Others With Respect: View all students as competent, valuable, and trustworthy members of the school community. The goal should be to build rapport between all students and staff, ideally creating a feeling of connectedness to the school through mutual respect and trust.
4. Commitment and Leadership: For a school safety plan to be most effective, it must have support from school and community leaders. Strong commitment to the plan must come from the district and from the principal at the school site.
5. Think Long-Term: Think of the school safety plan as a long-term investment (i.e., several years or more). Incorporate violence prevention and intervention techniques into the curriculum. Change the thinking to make violence prevention and intervention a normal and permanent part of the school day.
6. Choose Reinforcement Over Punishment: Focus intervention on building desired behaviors and strengthening existing protective factors, not just on eliminating unwanted behaviors. Avoid punitive and aversive programs. Violations of rules and misbehaviors should be viewed as opportunities to learn rather than opportunities to punish.
7. Clarify Rules and Procedures: Make school rules and policies as clear as possible to students, parents, and staff members. Apply contingencies of rules violations fairly and consistently. Suggestions include posting and rules and policies in highly visible areas around campus, creating and distributing student handbooks, and implementing peer mediation.
8. Respect Individual Differences: Accommodate individual differences in the classroom. For those at-risk students having academic difficulties, adjust class lessons to give them more chances to be successful. Successful experiences can create bonding between student and school.
9. Facilitate Student Bonding With School: Other ways to facilitate school bonding include developing teacher teams (or houses) that follow the students over several years and sponsoring more after-school or weekend events on campus.
10. Increase Support for Teachers and Staff: Provide more support for teachers and staff through recognition programs for meritorious service. Establish in-service training programs for classroom management techniques, crisis response planning, and other safety issues.
11. Involve Parents and Community: Involve parents in the school community by creating parent centers, offering parent training, encouraging volunteers, and enhancing parent-classroom communication. Also develop school-community links through neighborhood watch programs and meaningful interagency cooperation.

Table 2 Useful School Violence Assessment Tools

Though other sources are available for gathering information regarding violence incidents on school campuses, the following are three resources that provide complementary perspectives and meaningful information about school violence related campus conditions. See Furlong (1994) for a more extensive review of school safety assessment tools.

California School Climate and Safety Survey (CSCSS)

- Available from Michael J. Furlong, Ph.D., Graduate School of Education, CCSP Program, UCSB, Santa Barbara CA 93106-9490. email: *<mfurlong@education.ucsb.edu>*.
- Available for upper elementary school (Grades 4 and 5, 67 items) and secondary school (Grades 6 to 12). Staff and parent revisions are also available.
- Addresses four major areas pertaining to student perceptions of (a) general safety conditions on campus; (b) quality of the physical, social, and cultural dimensions of their school's climate; (c) personal victimization experiences; and (d) sociocultural information.
- Used to collect information about risk and resiliency conditions on school campuses as part of the school safety planning process described in Safe Schools: A Planning Guide for Action (California Department of Education, 1989).
- Data and results have been used in school safety research (e.g., Furlong et al., 1995) and by school-site safety-planning teams as part of their needs assessment and evaluation procedures.

Youth Risk Behavior Surveillance Survey (YRBSS)

- Available from the Centers for Disease Control and Prevention.
- Developed by a panel convened by the Centers for Disease Control and Prevention to measure progress toward the Healthy People 2000 national goals (Kann et al., 1995).
- Assesses numerous dimensions of high school students' risk behaviors (e.g., substance abuse, car driving habits, weapons possession). However, the focus is not exclusively on matters related to violence occurring on school campuses.
- Includes several school safety/violence questions pertaining to students' self-reported feelings of safety on campus.
- Provides biannual survey results for readily available regional and national comparison information, periodically published in the Center for Disease Control's Morbidity and Mortality Research Reports.

California Safe Schools Assessment (CSSA)

- Available from the Butte County Office of Education, CA.
- Recently revised and reinstituted in July 1995 by the Butte County (California) Office of Education.
- As mandated by California state law, requires the reporting of 20 legally defined crimes divided into four broad categories: (a) Drug and Alcohol Offenses, (b) Crimes Against Persons, (c) Property Crimes, and (d) Other Incidents (e.g., possession of weapon) that might occur on a school campus (Hanson & Kleaver, 1995).
- May be used as part of a broader school safety assessment that includes positive indicators of school climate to help schools and law enforcement agencies develop and evaluate plans to address more serious forms of violence that occur on school campuses.

School-wide prevention programs attempt to include all students in the process of gaining skills in interpersonal problem solving and conflict resolution and reducing negative behaviors such as lack of empathy, impulsiveness, and angry or aggressive responses to conflict situations. These programs include a variety of strategies including classroom instruction, curriculum focus on global or community issues of peace, peer-mediation programs, parent workshops, and staff in-service.

Work with individual students, student groups, and school-wide communities must be enhanced by policies, procedures, and climate development provided by a comprehensive school safety planning process (see Table 1). We have provided references and resources to guide such a process (see Table 2). While we have provided information and perspective on the players and the strategies in reducing school violence, it is important to note that implementing what is known in a consistent and ongoing manner may be the biggest challenge. Educators are inundated by an increasing "goal" list for what must be included in children's education and what must be achieved in terms of student outcomes. Although school psychologists resonate to the need for strategies to reduce school violence in terms of student development and juvenile justice professionals are alert to the criminal or delinquency consequences, mainline educators, of necessity, must have their eye on student outcomes, in particular academic outcomes.

Therefore, as G. M. Morrison, Furlong, and R. L. Morrison (1994) outlined, educators need to embrace school safety as part of their mission. Perhaps the role of the school psychologist in this challenge is to help communicate the connections that school safety has to both the major academic mission of the schools and to major school reform efforts. What is the "umbrella" or conceptual superstructure that will allow safety and education to combine efforts? The answer to this question requires the appreciation of the complexity of the problem as well as its solution. In this chapter we have attempted to outline both. One bottom line for educators and support personnel to recognize is that class lists consist of students who are victims, perpetrators, and bystanders. The goal is to teach them skills for getting along with others in learning and living. School organizations and their norms will help or hinder in this goal.

Recommended Resources

Furlong, M. J., & Morrison, G. M. (Eds.). (1994). School violence miniseries [Special issue]. *School Psychology Review, 23* (2).

This special issue addresses the importance of critically examining the notion and prevalence of school violence from an educational perspective. Topics covered include violence-prevention programs to use in the schools, bullying, school violence-intervention strategies, legal issues pertaining to school violence, and cultural issues of school violence. Available from the National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814.

Goldstein, A. P., Harootunian, B., & Conoley, J. C. (1994). *Student aggression: Prevention, management, and replacement training.* New York: Guilford.

Outlined in this book are an introduction to the concern of violence and aggression amongst youth and ideas for the prevention of its occurrence, followed by a two-tier focus on interventions that encompass student-specific and system strategies. Using examples from society at large, the authors present crime statistics as well as the prevalence of violence in the mass media to explain school violence in the context of current societal trends. As solutions to this problem, several therapeutic approaches including psychological skills training, behavior modification techniques, psychodynamic and humanistic interventions, and gang-oriented interventions are outlined. In addition, separate chapters address teacher, school, and family roles in the intervention process.

Gorski, J. D., & Pilotto, L. (Eds.). (1995). Violence in educational settings [Special issue]. *Educational Psychology Review, 7* (1).

Compilations of issues regarding violence in the context of various educational settings from risk factors associated with adolescent violence, the prevalence of gangs in schools, implementing school health curricula in order to prevent violence, to college campus violence. Additionally, a resource section with listings and brief descriptions of other relevant publications is provided.

Kadel, S., & Follman, J. (1993). *Hot topics: Reducing school violence.* Tallahassee, FL: Southeastern Regional Vision for Education (SERVE).

In this publication, research-supported issues relating to crisis management, strategies to prevent school violence, and the causes and effects of youth violence are examined and presented with practical "how to" procedures for implementing various violence reduction techniques in schools. Also provided is an extensive resource section that includes numerous agencies, publications, and specific violence prevention curricula. Available from SERVE, 345 S. Magnolia Dr., Suite D-23, Tallahassee, FL 32301-2950; (904) 922-2300; 800-352-6001, FAX (904) 922-2286.

Nelson, C. M., & Shores, R. E. (Eds). (1994). Dealing with aggressive and violent students [Special issue]. *Preventing School Failure, 38* (3).

This special issue provides an overview as well as practical applications of prevention and intervention strategies regarding aggressive and violent behaviors of students. The contributing authors address issues concerning violence among youth, the development of aggression in children, assessment of aggressive behavior, school violence, the implementation of classroom programs to reduce negative behaviors, and a framework for the understanding and prevention of youth violence. Available from Heldref Publications, 1319 Eighteenth St., NW, Washington, DC 20036-1902; 1-800-365-9753.

***School Safety*, National School Safety Center Newsjournal. Thousand Oaks, CA: National School Safety Center.**

This quarterly journal published by the National School Safety Center (NSSC) provides a well balanced perspective on school safety issues, such as improving school climate, gangs on school campuses, and descriptions of programs that are making a difference. A wide range of other school safety resources are maintained by the center. Available from the National School Safety Center, 4165 Thousand Oaks Blvd., Suite 290, Thousand Oaks, CA 91362; (805) 373-9977, FAX (805) 373-9277.

Internet Resources. There are several World Wide Web locations with information about school safety and school violence.

<http://cgcs.org:80/>: The Council of Great City Schools, a national coalition of urban school districts, provides a source list of information about urban education in general, and school violence in particular. It provides links to on-line newsletters with articles about school violence.

<http://www.ed.gov/office/OESE/SDFS/>: The Department of Education (DOE) maintains this site pertaining to the National Education Goals: Goal 7 "Safe, Disciplined, and Drug-Free Schools." It contains: (a) a statement about Goal 7, (b) a list of U.S. DOE resources, (c) on-line digests and publications about school safety and violence, (d) news and announcements, and (e) other sources of information.

<http://ericweb.tc.columbia.edu/administration/safety>: The ERIC Clearinghouse on Urban Education provides direct links to articles pertaining to (a) school safety and school violence, including information on conflict resolution and gangs, (b) several relevant bibliographies on crime and gangs, and (c) a short list of other references, including several ERIC and other journal articles.

<http://www.bcpl.lib.md.us/~sandyste/school_psych.html>: In addition to providing information on many topics of interest for school psychologists, the following page includes easy links to ERIC clearinghouses, and several links to school violence articles. It also includes on-line psychology journals and links to the Partnership Against Violence (PAVNET) site.

<http://www.ncrel.org/ncrel/sdrs/areas/SaOcont.htm>: The Safe and Drug-Free Schools site contains information about critical issues in safe and drug-free schools, a guide to supporting materials, and an extensive list of additional resources. Some of the content areas were still under development at press time.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Bullying

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Background and Development

In 1993, 29% of eighth-grade students reported being threatened without a weapon and 18% reported being threatened with a weapon (National Education Goals Panel, 1994). In addition, 23% of these eighth graders reported being injured without a weapon and 9% reported being injured with a weapon. Finally, 40% of these students reported theft of their property and 31% reported vandalism of their property.

School violence traditionally has been defined as acts of assault, theft, and vandalism. Violence should, however, be defined more broadly to include any conditions or acts that create a climate in which individual students and teachers feel fear or intimidation in addition to being the victims of assault, theft, or vandalism. This latter description would include "bullying" in the definition of violence and greatly expand the discussion of violence and safety in the schools (Furlong & Morrison, 1994).

Bullying is defined as a form of aggression in which one or more students physically and/or psychologically (and more recently, sexually) harass another student repeatedly over a period of time. Typically, the action is unprovoked and the bully is perceived as stronger than the victim (Hazler, Hoover, & Oliver, 1992; Olweus, 1991).

The majority of research on bullying has been conducted in Scandinavian countries (e.g., Olweus, 1978, 1984, 1991a, 1991b), England (e.g., Boulton & Underwood, 1992; Stephenson & Smith, 1989) and Japan (e.g., Murakami, 1985). Although relatively little attention has been given to bullying in the United States, a few studies have addressed the problem (e.g., Hazler et al., 1992; Hoover, Oliver, & Hazler, 1992; Perry, Kusel, & Perry, 1988; Perry, Williard, & Perry, 1990). Olweus (1978, 1991a) reported that about 15% of school students in Norway were involved in bully/victim problems now and then. In two separate studies involving elementary and secondary students in England, Stephenson and Smith (1989) and Lane (1988) reported that approximately 23% of children and adolescents experienced bullying.

Similar results have been obtained in the United States. In a 1984 study by the National Association of Secondary School Principals, it was reported that 25% of students surveyed stated that one of their most serious concerns was fear of bullies. Perry et al. (1988) reported that about 10% of their sample of American students could be characterized as extreme victims of bullying. Plus there are the eighth-grade students cited in the opening paragraph of this chapter who experienced varying degrees of assault, theft, or vandalism. Clearly, there is a great deal of similarity across studies and countries in the percentages of students reporting experiences with bullying. A statement that 15% to 20% of all students will experience some form of bullying during their school years is certainly supported by the literature. Therefore, bullying may be the most prevalent form of violence in the schools and the form that is likely to affect the greatest number of students.

Is student victimization increasing? Olweus (1991b, 1993) suggested that bullying in Norway, occurs more frequently than it did 10 to 15 years ago and has taken on more serious forms. In a special report for the National Education Goals Panel, Johnston, O'Malley, and Bachman (1993) reported an increase, from 19% in 1980 to 25% in 1992, in the percentage of U.S. 12th graders threatened without a weapon. The majority of the increase took place between 1980 and 1985, and the figures remained quite stable during the next 7 years. Whether or not there is an increase in student victimization, the fact that one in five students is at risk for victimization is cause for serious concern and action on the part of school personnel.

Victimization by students is not limited to other students. Johnston et al. (1993) reported that 28% of public school teachers were verbally abused, 15% threatened with injury, and 3% physically attacked by students during the 1991 school year. Although teachers (and parents, for that matter) may not fit the "physically weaker" profile of the typical peer victim, bullies nonetheless will intimidate those who they believe cannot, or will not, retaliate or those whom they have been successful in bullying in the past. Many bullies come from environments where they have been successful in bullying adults for personal gain, where they have established a positive reputation with their peers, or where they have escaped an undesirable situation.

Development of a Bully

There is evidence to suggest that bullying is intergenerational and that a bully at school is often a victim at home (Floyd, 1985; Greenbaum, 1988). Bullies come from homes where parents (a) prefer physical means of discipline (authoritarian); (b) are sometimes hostile and rejecting; (c) are described as both hostile and permissive (inconsistent parenting/little supervision); (d) have poor problem-solving skills; and (e) teach their children to strike back at the least provocation (Floyd, 1985; Greenbaum, 1988; Loeber & Dishion, 1984). Olweus (1991) reported that bullies are often characterized by impulsivity, a strong need to dominate others, and scant empathy with victims. However, he found no indications that bullies are anxious or insecure or lack self-esteem. Perhaps this is the case because bullies report that they "like" being a bully and perceive their actions as justified (Greenbaum, 1988). They are reinforced for their actions through both positive-reinforcement (goal attainment) and negative-reinforcement (removal of threat) paradigms. These studies suggest that bullying may be related to control: When they are in control, bullies feel more secure and less anxious. Unfortunately, that security is at the expense of their victims. In general, bullies can be described as having aggressive behavior profiles combined with physical strength (Olweus, 1991). Aggressive boys are confident of achieving success through their aggression, are unaffected by the possibility of inflicting pain and suffering, and process information about victims in a rigid and automatic fashion (Perry et al., 1988). Bullies believe that they pick on other children because they are provoked by the victim or because they do not like the victim. In one study where bullies were asked how they feel when they bully other children, the most common responses were that they felt good/happy or that they felt mad or angry (Boulton & Underwood, 1992).

Follow-up studies of bullies do not project a positive picture. Olweus (1991) reported that approximately 60% of boys identified as bullies in Grades 6 through 9 had at least one conviction at the age of 24 and that 35% to 40% had three or more convictions. This was true of only 10% of the control group. By comparison, Olweus also noted that former *victims* had an average or below-average level of criminality in early adulthood. Eron, Huesmann, Dubow, Romanoff, and Yarnel (1987), in a sample of U.S. students, reported that bullies identified early in school had a one-in-four chance of having a criminal record by age 30.

Oliver, Hoover, and Hazler (1994) investigated the perceived roles of bullies. Most of the participants in their study (middle and high school students in small midwestern schools) agreed that bullied students were at least partly to blame for their own victimization and agreed that weakness, emotionality, and poor social skills were reasons for bullying. In this study, girls agreed that bullies attained a higher social status than victims. Finally, most participants agreed that bullying served the function of making victims tougher.

Victims

Some students are at greater risk for bullying and physical violence than others. Boys are more likely to be victims, students with lower grades are twice as likely to be victims, and victims are more likely to attend a school that provides a lesser quality of education or a school that has problems with vandalism (Metropolitan Life Insurance Company, 1994). However, students who have been victims of violent incidents are not more likely to attend urban public schools and only somewhat higher proportions are minorities (24% versus 19%).

Olweus (1978) identified two types of victims: the *passive victim* and the *provocative victim.*

Passive victims are described as anxious, insecure, appearing to do nothing to provoke attacks, and appearing not to defend themselves. Provocative victims are described as hot-tempered, restless, anxious, and ones who will attempt to retaliate when attacked. Perry et al. (1988) identified victims in a similar manner, using the terms "high-aggressive" and "low-aggressive victims." However, Perry et al. found that the probability of a victim being provocative or passive was approximately equal, whereas Olweus (1984) reported fewer than one in five victims as provocative.

Olweus (1978) described passive victims as lonely and abandoned at school, often without friends. They were not aggressive, did not tease, and were likely (if boys) to be physically weaker than same-age peers. Results of parent interviews suggested that these boys were sensitive at a young age and had closer contact and more positive relations with their parents (particularly their mothers) than boys in general. Teachers identified these children as *overprotected* by parents. The majority of victims believed that they were picked on because they were smaller or weaker or for no reason at all. Few believed that they provoked the bully. In addition, the vast majority of victims believed that bullies feel good, happy, brilliant, or clever when they pick on a victim (Boulton & Underwood, 1992).

Perry et al. (1988) investigated the relationship between victimization, aggression, and peer rejection. They found that aggression and victimization were orthogonal dimensions. That is, some of the most extreme victims were also some of the most aggressive children in their sample. Perry et al. (1988) suggested that victims constitute a heterogeneous group and can be categorized in the following manner: victimized/rejected, aggressive/rejected, and victimized/aggressive/rejected. The victimized/rejected child would reflect Olweus's "passive victim" profile while the victimized/aggressive/rejected would reflect the "provocative victim" profile. As Perry et al. suggested, the victimized/aggressive/rejected student might aggress against weaker children but then be victimized by stronger, aggressive peers. This would explain the fact that some of the most extreme victims in their sample were also some of the most aggressive students.

Clearly, it is necessary to understand the type of victim one is working with in order to implement successful interventions. If one views all victims as passive and weak, then strategies such as assertiveness training and presenting a stronger visual profile might be recommended. However, the provocative victims would require strategies designed to reduce aggressive behaviors (e.g., interpreting hostile bias) as well as strategies to use more assertive/less aggressive solutions to threats (Dodge, Coie, Pettit, & Price, 1990). These highly aggressive/victimized students are among the most disliked members of the peer groups and are at risk for later adjustment problems. Perry et al. (1988) cautioned that the form and seriousness of the problems associated with peer rejection may depend on the ability of school personnel to accurately identify the type of rejection that the student is experiencing.

Victimization is generally unrelated to most physical characteristics of children. In two separate studies, Olweus (1978) demonstrated that the only physical characteristic related to victimization was physical strength. No other physical characteristic was associated with victim status. Weaker children were more likely to be victims and bullies were more likely to be physically stronger (than their victims). Students who were fat, red-haired, wore glasses, spoke in an unusual dialect, dressed differently, and so forth were no more likely to be victims than other students without these characteristics.

Merton (1996) and others (Coie, 1990; Evans & Eder, 1993; Kinney, 1993) have conducted an interesting series of research studies investigating the responses to rejection by nonaggressive students. Merton concluded that rejection becomes socially "institutionalized" in junior high school students who are rejected by their peers. The rejected students had tremendous difficulty changing their status and typically required a change in school settings to do so. Hymel, Wagner, and Butler (1990) attributed this to reputational bias. The strength of the bias other students have toward rejected students is strengthened when institutional labels (e.g., nerd) are attached to these students. Coie (1990) believes that these labels not only encourage reputational bias but also satisfy the need of the social group to have students who can serve as negative examples. Merton (1996) demonstrated that rejected students who actively engaged in behavioral changes to modify their reputational bias were unsuccessful unless those changes were dramatic. Typically, rejected students *believed* that their

status had changed even though interviews with peers did not support this view. Status changes did not occur unless the student became more like the dominant peer group *and* actively negated the labeled (nerd) identity. In order to successfully negate the labeled identity, rejected students had to engage in behavior that exceeded the expectations (conforming behavior) of the dominant peer group and was blatantly inconsistent with previous rejected-status behavior.

The implications of Merton's research for the bully/victim problem are profound. First, although rejected students may believe that they have changed their behavior and their image, few peers would recognize those changes and increase levels of peer acceptance. Second, simply adding replacement behaviors (prosocial) through skills training may be insufficient to increase peer acceptance of these rejected students. Third, direct interventions with the peer group to reduce reputational bias are necessary.

Gender Differences

Boys bully and are bullied more than girls. Victims report that about 65% of bullying is perpetrated by boys, 15% by girls, and 19% by boys and girls (Boulton & Underwood, 1992). In a recent study Olweus (1991) found more than 60% of girls bullied in Grades 5 through 7 were bullied by boys only and an additional 15% to 20% were bullied by both boys and girls. More than 80% of victimized boys were bullied by boys.

The *type* of bullying also varies according to gender. Boy bullies are three to four times more likely to inflict physical assaults than girl bullies (Eron et al., 1987), whereas girls use more ridicule and teasing (Hoover et al., 1992). Olweus has labeled open attacks as *direct bullying* and social isolation and exclusion from the group as *indirect bullying*. Boys are more likely to employ direct bullying.

School Variables

Researchers in England and Scandinavian countries investigated the relationship between the rate of bullying and school size, class size, ethnic mix, and socioeconomic levels. The size of the schools ranged from 100 to 1,200 students and the class size from 18 to 31 students. Results indicated no positive relationship between the relative frequency or level of bully/victim problems and the size of the school or the size of the class (Olweus, 1991; Whitney & Smith, 1993). Nor was there a relationship between the proportion of White/non-White students and the frequency of bullying behavior. However, a significant negative correlation was found between socioeconomic status of the families that the school served and the frequency of bullying in junior/middle schools (Whitney & Smith, 1993). To date, there are no studies that report similar comparisons for schools in the United States. However, the average school size, class size, and percent of students by ethnic group in the Whitney and Smith study were very similar to that of schools in the United States.

Age/Grade Trends

The percentage of students bullied decreases significantly with age and grade. The rate of decline is less during junior high and high school. Olweus (1991) reported that the average percentage of students bullied was 11.6% in Grades 2 through 6 and 5.4% in Grades 7 through 9. More than 50% of students in the lowest grades are bullied by older students whereas older students are bullied primarily by same-age peers (Boulton & Underwood, 1992; Olweus, 1991). However, it is the youngest students in a particular school setting (regardless of age) who are most at risk for being bullied. This is logical given the fact that the younger students in a building are usually physically weaker and more vulnerable than older, stronger students. There is a general decline in direct, physical bullying as age and grade increase while the relatively higher level of verbal abuse/aggression remains constant (Boulton & Underwood, 1992; Perry et al., 1988). Specifically, Perry et al. (1988) reported nearly equal victimization scores for third-grade males on the physical and verbal (15 verbal, 16 physical) Peer Nomination Inventory (PNI) — a peer rating system designed to rank students on dimensions of inappropriate behavior. However, there was a significant reduction in the physical victimization score for males in Grade 6 (15 verbal, 9 physical) on the PNI.

Problems and Implications

It is logical to assume that victms of bullying would be fearful and anxious in the environment in which the bullying took place. Victims might respond with avoidance/withdrawn/escape behaviors (skipping school, avoiding places at school, running away, suicide), more aggressive behaviors (such as bringing a weapon to school for self-defense or retaliation), and poor academic performance. It is important to remember that Perry et al. (1988) identified different *types* of victims and that the effects of bullying would differ as a function of victim type.

Avoidance and withdrawal behaviors are likely to occur in the victims of bullies. The presence of a bully at school creates a climate of fear and intimidation for the individual victims of that bully, regardless of how pervasive the problem is. Students who are chronic victims of even mild abuse are likely to view school as an unhappy setting (Gilmartin, 1987) and to avoid places within the school setting or the school completely. Data from the 1992 school year (Johnston et al., 1993) indicated that 16% of eighth graders felt unsafe at school some or most of the time and 7% of eighth graders did not go to school during the previous month because they felt unsafe at school. Even greater numbers of students take precautions while at school to ensure their own safety. Thus, 20% stay away from certain places in school, 22% stay away from certain places on school grounds, and 8% stay away from school-related events. Although not completely responsible for creating a school climate that students strive to avoid, bullying contributes to the serious problem of making school a place to be feared for many students. Effective schooling cannot occur under conditions of intimidation and fear.

In the *Violent Schools--Safe Schools* report (National Institute of Education, 1978), 56% of assault victims reported being afraid at school sometimes and 15% of attack victims reported staying home sometimes out of fear of being hurt. In addition, 29% of victims reported that they occasionally brought weapons to school when only 9% of other students did so. Nine percent of 8th graders and 10% of 10th graders reported bringing a weapon (gun, knife, or club) to school at least once in the previous month. In extreme cases, students have committed suicide as a result of bullying or have killed the bully (Greenbaum, 1988). These data support the notion that fear for one's safety in school results in skipping school, avoiding areas of school, or engaging in illegal activities (weapons at school) in significant numbers. Almost one-in-five students reported having either no, one, or two friends at school, indicating that many victims have few peer-level resources for either problem solving or support. When a condition exists in which students fear for their safety (or their lives) and feel that they have little or no peer and/or teacher support, it is not surprising that increases in school avoidance, in the number of weapons, and in both self-directed and interpersonal aggression are seen in the school setting.

Although the impact of bullying on academic performance is less well understood, it would be logical to assume that the effects of skipping school, avoiding school-related activities, and fear for one's safety would be detrimental to academic progress. There is some evidence to support this position. Hazler et al., (1992) reported that 90% of students who were bullied stated that they experienced a drop in school grades. Olweus (1978) found that male victims of bullying had somewhat lower grades than their peers. Perry et al. (1988) found a significant, negative correlation between intelligence and level of victimization for males.

Effects of Bullying on Student Perceptions of School and Schooling

Research conducted by Louis Harris and Associates for the Metropolitan Life Insurance Survey of the American Teacher (1994) found that:

1. Students who reported being victims of threats and violence in school reported significantly different perceptions about school, their peers, and their teachers than students who reported not being a victim.
2. Students who experienced violence were more likely to have had other negative experiences in school, including academic failure and a belief that their school provided a lesser quality of education and that their parents had infrequent contact with the school. Of the students who had not been victims, 85% did not hold these beliefs.

3. Of students who had been victims, 34% stated that they were less respectful of other students because of the violence (compared to only 15% of students who had not been victims) and 53% said that they trusted other students.
4. The vast majority of students who had been victims of violence believed that sometimes teachers in their school thought of them as "numbers." Victims reported significantly less attention from teachers than nonvictims, were less likely to talk with teachers about the problem, and felt that teachers could not help.

Response of School Personnel to Bullying

The response of school personnel to bullying is, at best, disappointing. Results of research conducted at different times and in different countries provide a similar picture. More than 60% of the victims reported that school personnel responded poorly, responded only sometimes or never, or tried to put a stop to the bullying only once in a while or almost never (Boulton & Underwood, 1992; Hoover et al., 1992; Olweus, 1991a). It is clear that school personnel do relatively little to intervene in the bullying cycle at school. There may be a number of reasons for this.

First, Stephenson and Smith (1989) report that 25% of teachers feel that it is sometimes helpful to ignore the problem. Because bullying often occurs in the form of verbal intimidation, isolation, and exclusion, teachers may view these behaviors as less serious than physical assaults, where the damage is easily visible. Second, the social skills (skill deficits) of the victims may be such that teachers are less motivated to intervene. Third, the behavior of the victim may play an important role as well. Boulton and Underwood (1992) reported that the effect size for the correlation between reported victimization and intervention by teachers was less than the reported frequency of bullying and intervention by teachers. This suggests that the child who is bullied will get less attention from adults than the child who bullies. Interviews with victims indicate that children who do not tell do so out of fear of reprisal. If this is the case, then victims might perceive that teachers and other school personnel either will not be sympathetic to their plight or will not be able to protect them.

The majority of the research cited throughout this chapter was consistent in stating that in order for bullying to be reduced significantly, schools must send a strong message to students and staff that bullying is inappropriate. Students are quick to indict school personnel for their failure to act both to protect victims and to deal effectively with bullies (Hazler et al., 1992). Victims of bullies already believe that they are victims of their peers (the bullies). If these students also believe that they are victims of the system through the lack of protection and support by the school staff, then one can understand more clearly why students resort to avoidance and/or retaliation. It is clear that schools must promote the idea that adults will be supportive of victims and that school officials can provide a safe haven for all students while at school.

Alternative Actions

A few studies have evaluated the effects of school-based intervention programs to reduce bullying (Olweus, 1991, 1994), but most have provided only anecdotal reports and limited outcome data. School-based intervention programs must seek to integrate strategies gleaned from research on topics that include organizational change, effective parent involvement, behavioral programs for students with aggressive and/or withdrawn behavior profiles, group counseling for perpetrators and victims, and effective building-based discipline procedures. In May 1987, a "Schoolyard Bully Practicum," sponsored by the National School Safety Center, was held at Harvard University to develop a prevention program for the United States. A wide range of strategies was identified to help educators and others control and prevent bullying. It was clear that the development of a comprehensive, integrated plan that could be implemented by school buildings across the United States was necessary in order to achieve the control and prevention of bullying. Many researchers and practitioners (e.g., Coie, Underwood, & Lochman, 1991; Goldstein, 1988; Olweus, 1994) have suggested a variety of district-, building-, classroom-, and student-level interventions. Drawing largely from these

interventions, what follows is a set of recommended strategies and components necessary to construct a comprehensive plan to control and prevent bullying in schools.

Promote Facts, Not Myths about Bullying

Bullying is a significant and pervasive problem in America's schools. Fear has become a significant factor in the school behavior of many students (15% to 20%). There is evidence that truancy, avoidance of school activities and peers, possible academic difficulties, and in extreme cases, suicide, are linked to bullying. Films and videos are available for use with students and professional staff that can facilitate the promotion of accurate information (e.g., National School Safety Center; Summerhill Productions; see references).

Dispel Beliefs about Aggressive Behavior

The prevailing attitude that fighting and other forms of aggressive behavior are a normal part of growing up must be discarded. Schools must promote the belief that this type of behavior is completely unacceptable, must develop policies and programs to deal effectively and quickly with aggression, and must teach students directly about alternatives to aggression. The use of specific skill-based programs involving aggression control/replacement training (e.g., Goldstein & Glick, 1987) are recommended.

Conduct a School-Wide Assessment of Bullying

Schools must determine how pervasive the bullying problem is, what the attitudes and beliefs of bullies and victims are, what the perception of students is regarding how well the school handles bullying, and what students believe should be done. Olweus (1978, 1984) developed a direct assessment device for his research and Perry et al. (1988) developed a peer-nomination procedure to assess the nature of bullying within student groups.

Develop a Student Code of Conduct

Most schools have an existing code of conduct. However, students should participate in the development of the code that includes provisions to deal with bullying. The code should specify both *appropriate and inappropriate relationships* between students and students and students and faculty. The majority of school codes of conduct specify only inappropriate behaviors and do not include student involvement in their development.

Provide Individual Counseling and Group Skill-Building Services for Bullies and Victims

Counseling services are most effective when there is an emphasis on the development of skills to replace aggressive behaviors with more appropriate ones or to replace avoidance/withdrawn behaviors with more assertive ones. The use of group social-skills training is the intervention of choice (see Goldstein, 1988). The implementation of building-wide social skills training will facilitate the generalization of skills learned in "pull-out" (small group) training focused only on bullies and/or their victims.

Involve Parents in the Intervention Process

The school usually involves the parents of the bully when disciplinary action is required, such as suspension or expulsion. Few schools routinely involve the parents of victims or the parents of bullies for purposes other than discipline. Some schools have adopted a "10 Day/10 Minute Suspension" program designed to encourage the parent's involvement in interventions for bullies. In this program, the length of the student's suspension is dependent on whether or not the parents will become involved with school personnel in an intervention program. The earlier the parents become involved, the shorter the suspension. Parents often have the same problems with their children at home that teachers have in school. Therefore, involving parents in parent education, teaching parenting and child-management skills, and linking home and school intervention programs are desirable components of a comprehensive plan.

Implement Intervention Strategies Specific to Aggressive Children

Approaches to intervention with aggressive students and their victims fall into five general categories: behavior management; self-control strategies; social skills training; information processing; and cognitive perspective taking (Coie et al., 1991). Larson (1994) provides a critical review of intervention programs for aggressive students. How intervention programs are implemented is as important as the particular programs selected. Bullying is an interpersonal act conducted within a social setting. For that reason, interventions designed to reduce the bullying behavior and increase prosocial behavior should be implemented in a group setting and in a consistent manner. Intervention programs targeted at bully behavior should be implemented building-wide, with all school staff (instructional, administrative, support, cafeteria, custodial, bus) trained to implement preventative and intervention strategies. This building-wide strategy will facilitate generalization of both the intervention strategies and the effects of those strategies on student behavior. In addition, the building-wide program should be a multifaceted intervention process (Dubow, Huesmann, & Eron, 1987) that addresses the multiple components recommended by Coie et al. (1991).

Implement Interventions with the Peer Group

Peer group interventions can facilitate changes in the peer perceptions of rejected (aggressive and nonaggressive) students who have successfully modified their behavior. Classroom-based and small-group interventions that directly teach students to make objective evaluations of peer behavior are needed. The repeated use of peer-nomination and evaluation inventories can provide both teachers and peers with concrete measures of those changes. The work of Merton (1996) makes it clear that the failure to reduce the reputational bias of peers will result in little opportunity for rejected students to succeed without a complete change in environments.

Build in Accountability and Evaluation

Teachers and students alike should be informed, on a regular basis, of the effects of the comprehensive school-wide plan. A school-wide tracking system should document the frequency of bully/victim problems (such as behavior referrals to the office, suspensions, expulsions) and these data should be reported to teachers and students monthly. Bullies and victims should be identified and included in intervention programs on a continuing basis. Teachers and students should be encouraged to set specific goals designed to reduce the rate of aggressive behavior while increasing the rate of prosocial behavior. Unless data are routinely provided to teachers and students, the true picture of a bully problem will not emerge. When this happens, the sensitivity of the students and staff to the problem will diminish and the motivation to support intervention programs will decline. Conversely, if the students and staff do receive data on the effectiveness of the intervention programs they are implementing, then the motivation to continue these programs will increase.

Summary

The effects of bullying contribute substantially to the development of an unsafe environment in schools and to a decline in the performance (academically and socially) of students involved in bully/victim experiences. The presence of bullying in a school indicates that the level of prosocial behavior is inadequate and respect for one another is lacking. Too many students, teachers, and parents are poorly equipped to respond to bullies. Students believe that the adults in the school environment do little to discourage bullying. In essence, bullies believe that they can use power and intimidation to control their environment where few would want to spend their day. Whether bullying occurs in the form of physical aggression, intimidation in a power struggle, sexual harassment, ridicule, or teasing, the bottom line is that bullies are unable to demonstrate appropriate interpersonal skills and their victims fear the environment they are in. Bullying is always inappropriate. The environment will change and the climate improve only when school systems choose to develop and implement a *comprehensive* plan designed to teach prosocial behavior, to limit aggressive behavior, and to teach skills that promote positive interactions

between students. More importantly, however, school personnel must recognize that the problem is pervasive, that it contributes to the decline in academic and social progress of students, and that a comprehensive intervention plan must be implemented by the entire staff, throughout the school setting.

Bullying is a pervasive problem that does not recognize home, community, or school borders. Effective intervention plans for bully/victim problems must include collaboration between school personnel and family members. The intervention programs implemented in the school setting (social skills training, conflict resolution, anger control training) must be coordinated and co-implemented in the home setting. Community agencies must be involved in supporting a prevention-based approach to bullying and harassment and must work with school settings to provide this message to students and their families.

Bullying begins with the attitudes an individual holds toward other people. These attitudes are developed through family values, the context of the school and community culture, and the extent to which individuals take the time to influence the behavior of those who bully and the victims of bullying. The school environment has the resources to initiate a comprehensive solution to this problem. However, if the intervention stops at the school door, then little will be done to influence the attitudes and behavior of the next generation of children and youth.

Author Note

This chapter was based, in part, on the article "Bullies and Their Victims: Understanding a Pervasive Problem in the Schools" by G. Batsche and H. Knoff which appeared in The School Psychology Review, *1994 (volume 23, no. 2).*

Recommended References

Garrity, C., Jens, K., Porter, W., Sager, N., & Short-Camilli, C. (1994). *Bully-proofing your school.* Longmont, CO: Sopris West.

This workbook presents steps for the development of a comprehensive approach to identifying and intervening with bullies. The curriculum includes steps for the adoption of a school-wide program, a staff training curriculum, student instruction, victim support, and parent collaboration.

Goldstein, A.P., Palumbo, J., Striepling, S., & Voutsinas, A.M. (1995). *Break it up.* Champaign, IL: Research Press.

This publication provides step-by-step procedures for safely handling student disruptiveness and aggression as well as student fights. The comprehensive fight management system detailed in this publication is demonstrated in the videotape, also available from Research Press.

Goldstein, A.P. (1988). *The Prepare Curriculum.* Champaign, IL: Research Press.

The *Prepare Curriculum* is a series of coordinated psychoeducational courses explicitly designed to teach an array of prosocial competencies to aggressive, antisocial youth as well as to those who are withdrawn and isolated (victims).

Larson, J. (1994). Violence prevention in the schools: A review of selected programs and procedures. *School Psychology Review, 23,* 151-164.

This article reviews selected commercially published and research literature curricula and procedures available for violence prevention in the school setting. The article focuses on those programs considered to have potential for effective outcomes. Curricula are selected that must be implemented as part of a multidimensional program.

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Cambridge, MA: Blackwell.

This book is an excellent resource guide for those individuals interested in knowing basic information about bullies and victims. The book contains special sections on intervention programs at the building, class, and individual levels. In addition, a section on practical advice provides intervention ideas for less structured settings (e.g., recess, lunch) and for working with parents.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Vulnerability to Violence Among Gay, Lesbian and Bisexual Youth

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During a recent interview with a self-identified gay teenager, I asked if he had ever been the victim of verbal or physical harassment. He seemed surprised that I asked this question. "Of course. It just goes with the territory." I found it sad that this bright and outgoing young man considered daily taunts, name calling and frequent physical attacks "the norm" for his life. At age 17, he had already realized and accepted that he was gay. He had already learned that he would be a social outcast among many of his peers, both in and out of school.

Developmental Patterns

Many gay, lesbian and bisexual youth begin to have an undefined feeling of being "different" during the fifth and sixth grades. Children whose behavior does not conform to traditional societal norms for their gender are made painfully aware of their differences as young as kindergarten, if not before. Boys are teased for being sissies and girls for being tomboys if they are too gentle or too rough in their play or if they choose to play with "opposite gender" toys. While children are taught that the use of racial or religious slurs is unacceptable, respect for others who are gay, lesbian, bisexual or gender nonconforming is generally not emphasized. Children use the terms "fag" or "queer" before they can even attach sexual meaning to another's behavior. A more recently used phrase for a behavior that children view as different is, "That is so gay."

By the time youth enter middle school and puberty, most GLB youth begin to realize they have emotional, physical and sexual attractions to their own gender. Peer socialization, approval and acceptance are beginning to become the focus of their lives. As GLB youth become more aware of their sexual orientation, they face not only the stress of adolescence, but the dilemma of staying invisible and passing as heterosexuals or becoming "out" and visible. As GLB youth spend almost half of their lives hiding an important part of themselves, disclosing their sexual orientation becomes a critical stress factor.

With awareness of their sexual orientation also comes awareness that GLB people are the targets of violence in our society. Before youth identify as gay, lesbian or bisexual, they have general impressions of how GLB people are treated in society, communities and schools. As they read or hear about attacks and mistreatment of GLB people in different settings, youth identifying as GLB begin to worry and fear about being attacked themselves. Observations of violence directed at GLB adults and youth make a very important impact on their own behavior, particularly in the earliest stages of identity development. These youth may become withdrawn or more hypervigilant of their actions. Some, in an effort to hide their own sexual orientation, may even join in the verbal and physical harassment of other "out" or suspected GLB youth. At the most personalized level of violence, GLB youth become direct victims of attacks or abuse. The overall pattern that emerges with disclosure of a youth's gay, lesbian or bisexual identity is that the more open or "out" a youth is, the more direct and personal is the violence they will experience.

Victimization of GLB Youth

Studies of GLB youth in school settings reveal that they experience a significantly higher frequency of verbal harassment and physical assault than their heterosexual peers. Nearly half of the GLB youth in these studies have experienced property damage by other youth. Approximately one

third of GLB youth were involved in physical fights with classmates or threatened or injured with a weapon on school grounds. Fourteen percent of the GLB youth involved in fights required medical treatment. Other reports of physical violence included GLB youth being spit on, urinated on, having their clothes pulled up or down or off, and gang rapes. Interviews with students who are abusers reveal their motivations to include statements of "defending" themselves from queers, thrill-seeking, peer dynamics of meeting friends' expectations and proving that they themselves are not gay.

Physical acts of violence against GLB youth in school are almost always part of an ongoing pattern of abuse. The more violent acts generally include multiple perpetrators. These offenders will often target the same youth for years. GLB youth report that among their verbal abusers, the vast majority are other students; however, teachers are also reported to make derogatory comments or hateful statements. Approximately one fourth of the GLB youth in one study shared that they were very afraid of being physically abused on their way to and from school, in hallways and in locker rooms. In response to the threats and attacks they experienced, some GLB youth reported carrying a weapon to school for defense.

GLB youth often skip school due to their fears of safety. Some drop out of school all together, unable to face the continuing verbal and physical attacks and social rejection of their peers. With few or no marketable skills, these GLB youth become socially and economically marginalized and increasingly at risk to become victims of violence in their communities. GLB youth who have disclosed their sexual orientation to their parents or have otherwise been "found out" are often thrown out of their homes onto the streets or are physically or sexually attacked by family members. GLB youth on the streets often turn to prostitution in return for food, shelter or drugs, and therefore expose themselves to a higher level of victimization.

Course of Action for Schools

NASP, along with the National Education Association, the American Federation of Teachers, the National Association of Social Workers, the American Counseling Association and the National School Boards Association, agrees that schools need to respect and appreciate diversity in their student population, including the presence of gay, lesbian and bisexual students. Safe and healthy school environments free from verbal and physical harassment and violence must be provided to *all* students, including GLB youth. Strong support systems must be in place and easily accessible to youth in trouble *before*, not after, an incident occurs.

In order to improve conditions in their schools for gays, lesbians and bisexuals, the following steps are recommended by the Gay, Lesbian and Straight Education Network (GLSEN):

- School systems should establish written policies that specifically protect students and staff from discrimination and harassment based on real or perceived sexual orientation.
- School systems should provide inservice training opportunities on issues affecting GLB youth.
- School systems should support a curriculum that includes accurate information about GLB people across different subject areas.
- School systems should also allow and support the formation of Gay/Straight Alliances or other student activities with the goal of addressing homophobia and heterosexism in the school setting.

A recent report by GLSEN looked at 42 of the largest public school districts in the country. The report found that only 8 of the districts received a grade of 'A' on the above mentioned recommendations. Almost half of the studied districts received a failing grade. While some school systems have written policies, the GLB youth in these schools may view the policies as inadequate because they are not enforced. This is especially true in schools where authorities want to ignore or deny issues surrounding sexual orientation. When policies are not enforced, the implicit message is that GLB students are not important or worth protecting.

What School Psychologists Can Do

School psychologists are in a distinctive position to effect changes in their schools to improve the physical, emotional, social and psychological well being of gay, lesbian and bisexual youth. A successful program of change should be based on education for the entire school community and readily accessible support and counseling services for all youth. School psychologists can offer inservice training to teachers and administrative staff as well as educational programs for all students on issues that GLB youth face. Educational programs can also be offered to school boards and parent groups as part of overall advocacy for sexual orientation to be included in existing written policies on discrimination and harassment as well as the inclusion of accurate information on GLB people within curriculums.

Within our counseling roles, school psychologists should be sensitive to the fact that not every student is heterosexual. We should educate ourselves on the developmental issues GLB youth face regarding their sexual identity and the associated risk factors of hiding or revealing their identities. We should be conscious of avoiding stereotyping and be aware that gender nonconforming youth are often perceived as gay, lesbian or bisexual and therefore face many of the same risk factors that GLB youth encounter. Finally, school psychologists should serve as role models who affirm the dignity and rights of everyone in their schools and community.

Resources

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See page 6, this issue, for more details of the GLSEN report on American schools.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Attitudes Toward Guns and Violence

A Neglected Factor in Youth Aggression and its Prevention

by Jeremy Shapiro, Ph.D.
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It is not a myth but a reality that violence among students has become a major problem in many schools. Recent multiple shootings of students by students have received a great deal of media attention, but they are only the most dramatic tip of a massive iceberg.

Rates of youth violence have shown dramatic increases in the United States over the past three decades (Reiss & Roth, 1993), although there have been slight decreases in the last few years (Snyder, 1997). Rates of homicide deaths among youth have quadrupled, and firearm homicide has passed communicable disease as a leading cause of death among 15- to 24-year-olds (Fingerhut, Ingram, & Feldman, 1992). The Centers for Disease Control has characterized violence as an epidemic and a public health emergency (1993). Urgent calls for violence prevention efforts have been issued by the Children's Defense Fund (1994), the American Psychological Association (1993) and the Carnegie Foundation (1994).

When the effects of violence on the education and life quality of youth are considered, the genuinely epidemic nature of the problem becomes apparent. In recent national surveys, 40% of adolescents reported that fear of violence is an ongoing feature of their daily lives, and 41% of teenagers stated that, because of violence and the threat of violence, they do not trust other young people (LH Research, Inc., 1993).

When our youth are preoccupied with threats of violence and concern for their safety, their ability to focus on learning is severely compromised (American School Health Association, 1989). In recent surveys, 63% of 6th through 12th grade students said they would learn more at school if they felt safer (Ansley, 1993), and 11% reported staying home from school or cutting class because of fear of assault (Leitman, Binns, & Duffett, 1995). It seems crucial that effective steps be taken to counter this relentlessly increasing affliction, or major segments of our youth will grow up without having fully engaged in the educational process because they are distracted by fear.

Handguns are an important part of the violence equation. Increases in violence rates have closely paralleled similarly major increases in the number of handguns circulating in the U.S. The presence of a gun in a conflict situation enormously increases the risk of serious injury and death (Kellermann et al., 1993). Teachers and youth workers commonly report that the kinds of conflicts that used to result in fistfights now result in shootings. To a large extent, bloody noses have been replaced by gunshot wounds.

Past Prevention Efforts

Program developers have recently begun designing violence prevention interventions, and these have been tested in a number of schools. The problem has proved difficult to solve, and evaluations of primary prevention programs have usually produced results that are either inconsistent, weakly supportive or dishearteningly negative (Earls, 1994).

Recently, there have been two notable exceptions to this pattern in the form of encouraging evaluation results from programs for younger children. Evaluations of programs called *Peacebuilders* (Embry, Flannery, Vazsoni, Powell, & Atha, 1996) and *Second Step* (Grossman et al., 1997) have produced evidence of substantially reduced aggression and increased prosocial behavior. However, published evaluations have generally not indicated this type of progress in

primary prevention programs for older children and adolescents. The ineffectiveness of preventive interventions for older youth is particularly problematic because violence rates are much higher in adolescents than in children (Elliot, 1991).

Why have prevention programs been less effective for older youth? Part of the reason is that behavior patterns generally become more ingrained and difficult to change with increasing age. But interventions are not inevitably less effective for older youth. There is new research on youth attitudes toward guns and violence that contributes to an understanding of relevant developmental factors and to subsequent intervention strategies. The remainder of this article will summarize this research, including the development of a tool to assess youth attitudes toward guns and violence.

The Attitudes Toward Guns and Violence Questionnaire (AGVQ)

The AGVQ (Shapiro, Dorman, Burkey, Welker, & Clough, 1997; Shapiro, Dorman, Welker, & Clough, 1998) was designed to increase our understanding of youth violence by filling important gaps in current assessment methodology. The AGVQ was developed through two studies with over 2000 students in four demographically diverse school systems. Items were tested and either deleted or retained based on internal consistency and concurrent validity criteria. About half the items refer to guns, and about half refer to some other conflict-or violence-related issue. The AGVQ requires reading skills at the third grade level.

There is substantial evidence for the AGVQ's concurrent validity. Total scores showed a correlation of .65 with an item asking about desire for gun ownership. The 5% of the sample who said they already owned a gun obtained scores one and one-half standard deviations higher than non-owners. Low scores on the measure were associated with a 1/125 chance of self-reported gun ownership, and high scores were associated with a 1/3 chance. In later studies, this measure of attitudes showed substantial correlations with self-reported interpersonal behavior problems, teacher-reported interpersonal behavior problems and knowledge of conflict-related psychosocial skills.

Factors in Attraction to Guns and Violence

Factor analysis provided important information about the attitudes, thinking and emotions involved in gun ownership and violent behavior. Together, the four factors described below accounted for 53% of the total variance. These factors are described in ascending order of the proportion of AGVQ variance they account for.

The **Power/Safety** factor measures the view that guns and violence provide feelings of safety and power to people who use them. Example items include, "Carrying a gun makes people feel safe," and "Kids in gangs feel like they're part of something powerful." It is notable that items concerning power and safety clustered together in one factor, suggesting that many youth believe safety is achievable mainly through the physical type of power depicted by these items.

The factor called **Excitement** seems to have a simple and straightforward meaning. These items depict no instrumental function of guns but instead portray guns as intrinsically exciting, stimulating and fun. Example items include, "It would be exciting to hold a loaded gun in my hand," and "I bet it would feel real cool to walk down the street with a gun in my pocket."

The **Comfort with Aggression** factor assesses the youth's response to the existence of violence in his or her social world, with some youth expressing regret and unhappiness about this and others expressing a comfortable acceptance of violence. Example items, in which disagreement indicates violence-proneness, include "I wish everybody would get rid of their guns," and "The people I respect would never go around with a gun because they're against hurting people."

Aggressive Response to Shame, the most important factor, is also the most complex. Its items describe a two-part process including, first, a high degree of sensitivity to disrespect from other people and, second, a reliance on physical aggression as a means of repairing damage to self-esteem. Thus,

high scores suggest the belief that fighting is the only reliable way to recover pride following the experience of shame. Example items include, "If somebody insults you, and you don't want to be a chump, then you have to fight," and "I'd feel awful inside if someone laughed at me and I didn't fight them."

The content of the Aggressive Response to Shame factor can contribute to an understanding of the role that self-concept factors play in violent behavior. Although there is a widespread clinical view that aggression is caused by low self-esteem, the empirical evidence is completely inconsistent with this hypothesis: Violent individuals do not have low self-esteem (see Baumeister, Smart, & Boden, 1996, for a review). Our results can reconcile the clinical view with the research evidence by delineating a complex process through which self-concept factors influence aggressive behavior. Violence-prone individuals do not simply have low self-esteem, but their self-esteem is vulnerable to damage by disrespect and, equally important, they feel that damaged pride can most reliably be repaired by means of violence.

Variables Associated with Violence-related Attitudes

AGVQ scores were related to several demographic factors. Unsurprisingly, boys obtained higher scores than girls. One intriguing developmental pattern was found. AGVQ scores showed no change between the 3rd and 5th grades, increased dramatically between the 5th and 6th grades, and then showed no further change through high school. This pattern was obtained for boys and girls, African Americans and Whites, and students in all four school systems, regardless of whether a transition from elementary to middle school occurred between 5th and 6th grades.

Why such a dramatic change at this particular age? Puberty seems to be part of the answer. Sexual development is associated with increased testosterone levels in both sexes, and testosterone does contribute to aggressive behavior (Dabbs, Frady, Carr, & Besch, 1987). However, by itself, puberty can not explain our findings because sexual development begins at different ages for different children, and it occurs gradually over a much longer age-span than the interval between 5th and 6th grades. One possible explanation of our results would emphasize the interaction of physiological and social learning processes. The increased aggression levels of early maturing children may cause increased aggression in their pre-pubescent peers as a result of both modeling and increased levels of threat.

There were some differences between Whites and African Americans, but these were weak and inconsistent. Blacks obtained higher scores than Whites on the Aggressive Response to Shame and Excitement factors, but there were no differences on the Comfort with Aggression or Power/Safety factors.

Our studies inquired about students' past exposure to guns and violence. Without exception, AGVQ scores were elevated by every type of exposure we measured, including both traumatic (e.g., witnessing a shooting) and non-traumatic (e.g., presence of a gun in the home) forms of exposure. African Americans reported almost twice as much past exposure to guns and violence as did Whites. In a multivariate analysis, controlling for exposure completely eliminated the association between ethnic group and AGVQ scores.

Implications for Intervention

These results indicate that it would be useful for violence prevention programs to address attitudes and also to evaluate change in attitudes as a measure of program effectiveness. Including attitude measurement in individual assessments of youth with aggression-related problems would contribute to more effective planning and counseling for these young people.

Age-related findings with the AGVQ help to answer the question of why violence prevention programs have been less effective with older than younger students. The markedly greater attitudinal attraction to guns and violence in adolescents would make them less receptive to preventive interventions, compared to younger students. Furthermore, our age-related results suggest that early adoles

cence is the critical period in the development of violence-related attitudes, and attitude-changing interventions may be most urgently needed at this age.

One puzzling question about the generally lower effectiveness of interventions with older youth is that these programs consist mostly of training in psychosocial skills, (anger management, communication, etc.), and older students should be *more*, not less, capable of learning these skills. This pattern can be explained by positing that attitudes, as well as psychosocial skills, exert important influences on rates of aggressive behavior. Furthermore, attitudes may have a primary importance, because students who find violence appealing and useful would not be *motivated* to learn the psychosocial skills taught in prevention programs. If so, work focusing on violence-related attitudes would be a useful addition to violence prevention interventions.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

The Peacemakers Program: Effective Violence Prevention for Early Adolescent Youth

by Jeremy P. Shapiro, Ph.D.
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The problem of youth violence has become so well-known to youth-serving professionals that detailed documentation of the seriousness of the problem no longer seems necessary. In schools, the fear, anger and fighting experienced by many students harms them academically as well as emotionally. The threat of violence distracts many students from their work; it is practically impossible to concentrate on learning when one faces a fight after school. When arguments and threats escalate into violence, the result is disruption of school activities, agitation of other students, disciplinary incidents and, sometimes, suspensions and expulsions which cause further loss of time for learning.

Increased violence rates have been accompanied by efforts at prevention. Security measures such as metal detectors can stop students from bringing weapons to school but do little to address the anger, meanness and fistfights that are the much larger, although less newsworthy, part of the problem. Violence prevention programs that seek to positively influence the everyday psychosocial functioning of young people seem to have more potential as a solution to the problem of youth violence.

Past Prevention Efforts

Violence prevention is easier said than done. Many interventions are delivered year after year with no objective evidence of effectiveness. Most evaluations have produced results that are weak and inconsistent, if not simply discouraging (Earls, 1994).

Age is an important variable in the violence prevention field. The picture for early elementary school students has brightened considerably in the last several years, with positive evaluation results obtained for the *Peacebuilders* program (Embry, Flannery, Vazsoni, Powell, & Atha, 1996) and the *Second Step* intervention (Grossman et al., 1997). Unfortunately, there have been no similarly encouraging evaluation results from programs for older children and adolescents (Larson, 1998) — that is, until very recently.

The Peacemakers Program

Fortunately, the period of adolescence is not "too late" for effective prevention programming, and major reductions of violent behavior can be achieved for older youth. A new program has produced the positive evaluation results that have been elusive with adolescents. In fact, these program effects were not only significant, they were strikingly large on some important dimensions.

The Peacemakers Program is a school-based violence prevention intervention for students in grades 4 through 8. It was provided to 1400 students in the Cleveland Public Schools last academic year (1997-98). A rigorous evaluation, with pre- and post-intervention measures and comparison to a control group, found significant, positive change on 6 of the 7 outcome variables we assessed, including knowledge of psychosocial skills and aggression-related interpersonal behavior as reported by both teachers and students. The most dramatic results were achieved in serious violent incidents. *The Peacemakers Program* resulted in a 41% reduction in aggression-related disciplinary incidents and a 67% decrease in suspensions for violent behavior.

Peacemakers was designed as a multimodal program utilizing a variety of activities to accommodate a variety of learning styles. In addition to didactic instruction by teachers and counselors, there are a series of stories written for the program, writing exercises, use of the Socratic method, role-plays

and graphically-designed handouts. There is an emphasis on active learning, drawing on personal experience and student input into the class discussions, while at the same time the teacher or counselor makes sure the program's messages come through.

Program materials consist of a Teacher's Manual, a Counselor's Manual and student workbooks, which can be obtained from Applewood Centers, Inc. The manuals are detailed and user-friendly, providing clear directions for implementing the program. Because the psychosocial content of the program is unfamiliar to many teachers, we suggest approximately six hours of training prior to beginning the program. Counselors or psychologists who have experience with aggressive youth do not need special training to implement the interventions delineated in their manual.

Program Content

The core of the program is a 17-session curriculum delivered on the basis of detailed manuals and, optimally, training. The content is as follows.

1. *Understanding Violence and Peacemaking* invites students to think about the goal of a more peaceful community and offers the program as an opportunity to learn skills and options for dealing with conflict situations.
2. *Our Personal Strengths* offers an abstract concept of "strength" that extends beyond the physical type and asks students to share personal strengths that can contribute to violence prevention.
3. *Our Values and Principles* elicits discussion of personal values and offers the Golden Rule as a meta-value that positively affects behavior and outcomes in conflict situations.
4. *Pride, Shame and Self-esteem* is devoted to self-concept issues in conflict and violence, with an emphasis on changing the common view that violence is the most effective way to repair damage to self-esteem after the experience of disrespect.
5. *Feelings in Conflicts, I: Anger Control* includes discussion of students' anger triggers and teaches a structured, 4-step anger management technique.
6. *Feelings in Conflicts, II: Excitement, Power and Fear* addresses the roles of several emotions in violence and identifies positive ways for young people to meet their normal needs for excitement, power and safety.
7. *Avoiding Conflicts, I: People, Places and Behaviors* introduces the idea of violence as a sequential, step-by-step process (analogous to falling dominoes) and teaches ways to prevent this process from getting started.
8. *Avoiding Conflicts, II: Reading Other People* attempts to decrease hostile attributional bias by informing students about the ambiguous nature of many social behaviors and the negative consequences of jumping to conclusions about hostile intentions behind other people's behavior.
9. *Social Problem-solving* teaches a structured, 5-step technique for analyzing interpersonal problems, planning solutions to them, and foreseeing the consequences of actions.
10. *Dealing with Conflicts* discusses the central role of conflict in violence, the naturalness of human conflict, and the idea that conflict does not have to lead to violence.
11. *Assertive, Fair Behavior* describes a continuum of conflict response ranging from passive to aggressive, and recommends the midpoint of assertive, fair behavior as a way to stand up for oneself without pushing other people around.
12. *Effective Communication, I: Talking* teaches techniques for assertively expressing oneself in a conflict, including focusing on the other person's behavior instead of personality, and making "I statements."
13. *Effective Communication, II: Listening* introduces the idea that listening is as important as talking in communication and provides behavioral instruction in listening behaviors that make the other person feel heard.

14. *Conflict Resolution, I: Working it Out* provides step-by-step instruction in engaging angry people in collaborative problem-solving, negotiation, compromise and apology.
15. *Conflict Resolution, II: Being a Leader in a Conflict* offers ways to deal with particularly difficult, exasperating or threatening behavior by raising the other person's behavior up to a higher level where collaborative problem-solving can occur.
16. *Knowing When to Walk Away* offers instruction and positive ways to view prevention behaviors at the end of the violence process, when all previous efforts have failed, and walking away is the only non-violent option left.
17. *Friends Don't Let Friends Fight* deals with the issue of peer pressure, first by developing students' ability to resist negative influences and, second, by encouraging careful consideration of one's own functioning as a source of peer pressure, which can be either negative or positive.

Together, these sessions seem to address the main psychosocial factors involved in violent versus interpersonally skillful responses to conflict. The curriculum covers emotions, self-concept issues, cognition, behavior and group dynamics. The sessions offer instruction in proactively avoiding conflicts, responding effectively to conflicts once they have begun, and removing oneself from conflict situations in which the other person's maladaptive behavior makes resolution impossible.

Distinctive Features of the Program

Peacemakers shares much of its content with other violence prevention programs. These common features include work on anger management, social perception, problem-solving, empathy, assertiveness, conflict resolution and peer pressure. Outside of the curriculum, there are important intervention components designed to increase reinforcing attention for positive student behavior and to infuse program content into the everyday school culture. However, *Peacemakers* also includes a number of unique elements not shared by other programs, and these may account for the unusually strong, positive results achieved by the intervention.

Remediation as well as prevention: Along with the prevention component delivered by teachers, *Peacemakers* includes a remediation component for students with serious aggression-related problems. Remediation is delivered by school psychologists, counselors or administrators involved in addressing discipline problems. The Counselor's Manual has the same content as the Teacher's Manual, but the format for implementation is quite different. The Counselor's Manual includes guidance on assessing the specific psychosocial factors involved in a student's problems with aggression, so that the sessions directly addressing those factors can be identified. School psychologists and counselors often can not provide all 17 sessions to an individual student, but this is not a problem because the teacher-delivered program will fill in the gaps, and the individual work can focus on the issues most problematic for the student. Because of the coordination between these two aspects of the intervention, students sent to the office for fighting hear the same messages, in the same language, that they hear in class.

Values: *Peacemakers* is unusual among violence prevention programs in that it deals explicitly with the issue of violence-related values. This component was considered necessary because of the close relationship between values and motives; specifically, young people who believe that violence is the most honorable and admirable response to conflict will not be motivated to learn the non-violent conflict management skills offered by programs. Of course, the program includes no religious material. Instruction in values is based on the Golden Rule, which is presented simply as the humanistic idea that other people, as well as ourselves, have real feelings and deserve to be treated with consideration, even when they make us angry.

Use of fiction and writing: The curriculum includes a series of stories with accompanying writing exercises that were written by a children's author specifically for integration into the program. The stories, with characters the same age as the students, illustrate and concretize the issues, skills and attitudes taught by the curriculum. The writing exercises help students apply and practice the skills they are learning. The fiction and writing components also have the practical advantage of

including academic work in the program, so that class time spent on violence prevention is not entirely lost to academic instruction. *Peacemakers* can be scheduled as part of the school's Language Arts or English program.

Interactive Multimedia on CD-ROM

There is a new and innovative violence prevention technology that was not part of last year's evaluation of *Peacemakers* but that could easily oe added to that program. In collaboration with EDR Corporation, with funding from the National Institute of Mental Health, we developed an interactive, computerized learning activity on CD-ROM that teaches the same attitudes and skills taught by *Peacemakers*. The CD-ROM, called *The Coolien Challenge*, uses video, audio, animation, graphics and music to provide didactic instruction and skill application to a variety of interpersonal situations.

Despite its serious purpose, young people perceive this learning activity as an exciting computer game. In our pilot testing, students were not required to use the CD-ROM and, in fact, could use it only during their free time. Nonetheless, students lined up to play the game, and observations conducted as part of the study found that 92% of the terminations of game use were involuntary, that is, were caused by the end of free time. In addition, students who obtained high scores on a measure of aggression-related problems spent more time using the CD-ROM than students with low scores, suggesting that the product was especially attractive to youth who needed it the most.

Conclusion

The evaluation of *Peacemakers* indicated that the program achieved a high degree of success at its goal of reducing violence in fourth-through-eighth-grade students, with evaluation results including a 41% decrease in aggression-related disciplinary incidents and a 67% reduction in suspensions for violent behavior. Although youth violence has become widespread, it does not appear to be an unsolvable problem. Interventions that help youth give serious thought to the issue of violence in their lives and that provide tools for positive behavior change can have a major ameliorative impact on violence. Teachers and school support staff equipped with detailed intervention manuals can provide youth with experiences that change their violence-related emotions, thoughts and actions. Effective violence prevention is a matter of reaching and positively influencing the hearts and minds of our youth.

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National Association of School Psychologists

Victimization of School-Age Children

Safe Schools Strategies for Parents and Educators

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Definition of a Victim

A victim is a child who has directly or indirectly suffered as the result of isolated or repeated confrontations or personal violations by another child. Primary victims suffer the physical and affective consequences of direct assaults. Secondary victims experience indirect affective reactions as a result of witnessing or hearing about a victimization incident.

Modes of Victimization in School Settings

There are three common modes of personal victimization of students by their peers in school settings, excluding more severe personal crimes such as homicide and rape:

- Violations of Body — fighting and other physical assaults
- Violations of Esteem — bullying, ridiculing, teasing, threatening
- Violations of Property — confrontive and nonconfrontive theft or damage to items from lockers, desks, bookbags, lunches

Key Myths About Victims

- Victims stand out in some way. Victims do not significantly deviate in behavior, appearance, or ability from non-victims with the possible exception of having less physical strength.
- Girls are victims more often than boys. Both sexes are equally vulnerable for victimization; however, peers nominate boys as victims more often than girls.
- Victims are all alike. Victims are not homogeneous. Olweus describes at least two types of child victims: "Passive Victims" — anxious, insecure, seemingly do nothing to invite attacks, and fail to defend themselves; "Provocative Victims" — hot-tempered, restless, create tension by irritating and teasing others and fight back when attacked.

Some Facts About Victimization

- Approximately one in ten school children will experience some mode of victimization during their school years.
- In any one-month period, many students will avoid three or more school locations or miss a day of school out of fear of being assaulted.
- In the majority of victimization incidents, the victim knows the offender's name.
- Victimization occurs in both supervised (e.g., classrooms) and unsupervised (e.g., playground) areas with more serious assaults in the latter settings.
- Incidents of property violations tend to occur at a higher rate than physical violations.
- Physical victimization rates tend to decline after the elementary grades, while verbal assaults remain high at all grades, and property violations show little change across grade levels.
- Children who are victimized in one mode tend to be victimized more often in other modes.
- The likelihood of repeated victimization increases when a child has been previously victimized.
- By the time a child reaches middle school, a pattern of victimization has often been established.

Why Focus on the Victim?

Victimization may be a catalyst for other problems. Victimization often results in peer rejection which has been linked to later behavior problems, delinquency school dropout, depression and even suicide. Unpopularity with peers ultimately affects the development of close interpersonal relationships.

Victimization incidents are likely to be repeated without intervention. Students who are victimized once are much more likely than others to be victimized again. A progression of victimization has been noted whereby a student is victimized more severely as the oppression continues. The stigma of being labeled a "victim" also makes it difficult to recover and consequently furthers the cycle of victimization.

Victimization has detrimental indirect effects. Indirect affective reactions, like fear and anxiety, that occur as a result of victimization can lead to school avoidant behaviors. Ultimately, these affective responses negatively influence the school's social climate, leading students to distrust authority figures and become disillusioned about the school system.

Victimization has not been adequately addressed in schools. There is a prevailing focus on the perpetrators of assaults. Often the role of the victim and the victim's needs are disregarded, decreasing the likelihood that victims will be helped to regain a sense of control or learn effective deterrent strategies.

Victimization prevention is based on knowledge of the entire process. Typically, less attention is given to the victim's role in the transactions that affect antisocial behavior. Yet such information is critical to future prevention and intervention efforts designed to alleviate school crime and violence.

What Can Be Done? Suggestions for Schools

- A first step is to target the problem by facilitating accurate and timely reports of victimization — possibly through anonymous hotlines or maildrops.
- Improve safety and enhance deterrence through modifications in the physical setting (e.g., alter exit and entry areas; increase lighting in dark, less traveled or secluded areas) or improved surveillance measures (e.g., videotape recorders; student hall monitors; parent volunteers on the routes to and from school).
- Find ways to create a small school atmosphere even in a large school environment thereby increasing student/faculty face-to-face contact and enhancing trust between the two groups.
- Construct a school creed that clearly identifies individual rights and places value on cooperation and compromise.
- Work with students, school staff and community members to develop explicit firm and fair rules against repeated physical and mental maltreatment that clearly prohibit violations of body, self-esteem and property.
- Provide counseling services and other system-wide opportunities that foster open communication about victimization incidents for students, school professionals and parents.
- Recognize the importance of varied curriculum goals that provide vocational as well as academic options in order to allow the students to feel worthy in their choice of futures.
- Review grading and evaluation procedures to avoid assigning students to "failure" roles that often lead to higher frustration levels increasing the likelihood of incidents of aggression.
- Ensure that students have a negotiation procedure that allows for mediation and conflict resolution such as a pear review board. This allows students to vent their anger while letting them view the other side of the conflict.
- Develop a systematic inservice and staff development plan to increase sensitivity and knowledge about the reciprocal process of victimization, prevention and intervention strategies.

Suggestions for Teachers

- Assess personal attitudes about victimization so as to avoid possible stigmas and judgments that arise when a child is labeled as a victim.
- Capitalize on students' strengths rather than focusing on weaknesses to enhance their self-esteem.
- Reestablish the victims sense of control as soon as possible by involving them in the decision making process as what to do next after the incident.
- Appoint the victims added responsibilities and delegate them leadership roles to improve their status, self-assurance and social skills.
- Assign cooperative classroom projects that necessitate group goals, collaboration and teamwork and involve the aggressor and the victim as pair-mates.
- Establish extended avenues for open home-school communication that serve to highlight both positive and negative happenings in a child's life, possibly through shared notes, diaries or routine phone contacts.
- Initiate classroom discussions of interpersonal conflicts that identify precipitating events from the perspective of both the perpetrator and the victim and lead to alternative problem resolution strategies.
- Discuss the significance of the judicial system and the personal, community and societal consequences of crime to increase students' awareness of the averse effects of violence.

Suggestions for Parents

- Be aware of abrupt changes in your child's behavior that may indicate repeated victimization (e.g., fears or dislike of school, missing personal belongings).
- Do not overreact or question if your child mentions a victimization incident; listen actively so he or she will feel comfortable discussing the problem further. Restate the content of his or her statements and add a comment that identifies their unstated feelings or reactions (e.g., "So, Jon hit you when you walked to the gym for no reason — that must be very upsetting.")
- Praise your child when you observe examples of appropriate social behaviors, such as sharing, in order to improve his/her self-confidence and to teach new ways to resolve conflict.
- If your child is a victim, jointly decide with him or her what to do as a next step so as to reestablish a sense of control to the victim.
- Keep well informed about your child's school environment to establish a greater sense of security in your child.
- Become an advocate for school safely by working as a team player with the school staff to guarantee your voice is heard and ideas are expressed.
- Arrange for increased monitoring and limit the unsupervised time your child has at school through collaboration with school personnel.

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Organizations

National Crime Prevention Council — 1700 K St NW, Second Floor, Washington, DC 20006; (202) 393-7141. [curriculum materials; neighborhood and community programs]

National School Safety Center — 4165 Thousand Oaks Blvd., # 200, Westlake Village, CA 91632; (805) 373-9977. [written and video materials available]

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Student Violence: Warning Signs

Students At Risk for Violent Behavior:

- History of being violent toward his/her peers
- Access to firearms
- Involved in drinking alcohol or taking other drugs
- Caregivers have a history of drug/alcohol involvement
- Peer group reinforces antisocial behaviors
- Learned attitudes accepting aggressive behaviors as "normal" and an effective way to solve problems
- High level of violence in the home, in the neighborhood and in the media
- School history that includes aggressive and disruptive classroom behavior
- Poor school achievement, poor school attendance and numerous school suspensions
- Difficulty with social skills and poor peer relations
- Difficulty controlling his/her impulses and emotions
- History of parental rejection, inconsistent discipline and lack of supervision

Warning Signs — Potentially Violent Individuals

There is no exact method to predict when a person will become violent. One or more of these warning signs may be displayed before a person becomes violent but does *not* necessarily indicate that an individual *will* become violent. A display of these signs should trigger concern as they're usually exhibited by people experiencing problems:

- Irrational beliefs and ideas
- Verbal, nonverbal or written threats or intimidation
- Fascination with weaponry and/or acts of violence
- Expressions of a plan to hurt himself or others
- Externalization of blame
- Unreciprocated romantic obsession
- Taking up much of teacher's time with behavior or performance problems
- Fear reaction among fellow students or family
- Drastic change in belief systems
- Displays of unwarranted anger
- New or increased source of stress at home or school
- Inability to take criticism
- Feelings of being victimized
- Intoxication from alcohol or other substances
- Expressions of hopelessness or heightened anxiety
- Productivity and/or attendance problems
- Violence towards inanimate objects
- Steals or sabotages projects or equipment
- Lack of concern for the safety of others

— *Adapted from* Reducing School Violence: Building a Framework for School Safety, *produced by Southeastern Regional Vision for Education (associated with the University of North Carolina-Greensboro) and the Florida Department of Education, with assistance from the Southeast Regional Center for Drug-Free Schools and Communities.*

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Involving Parents in Anti-Violence Activities

Research indicates that parent involvement is key to student success in school. Parent involvement is also critical to reducing incidents of school violence and promoting a safe learning environment. Strategies to involve parents in safe school activities include:

- Include parent representatives on the school safety committee and social improvement team to help make decisions and recommend strategies.
- Hold some meetings at breakfast, lunch time or during evening hours to allow more parents to participate.
- Send a copy of the school's discipline code to all parents and enlist their support in enforcing it.
- Create a parent telephone network to encourage parents to attend school events and meetings.
- Sponsor a "Generation Night Open House" in which students bring as many family members as possible to tour the school, meet staff and socialize with other families. Have a photographer take family pictures and display them in the school.
- Call parents at work or send a brief note home to inform them about their children's accomplishments.
- Recruit parents and their children during the summer to help paint, clean or repair the school and grounds.
- Provide transportation and childcare for parents to facilitate their attendance.
- Develop parent/student homework assignments with safety themes, such as comparing school or community crime problems today to those 20 years ago.
- Use parent volunteers to patrol school and to keep an eye out for escalating conflicts at athletic events.
- Invite parents to be part of a School Crime Watch program, both as organizers and to provide security when needed.

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Strategies to Increase Student Involvement in Violence Prevention

Students can play a critical role in the reduction of campus violence. Particularly for adolescents, peer modelling and expectations can have more impact than adult-driven activities. Suggestions for increasing student involvement in violence prevention efforts:

- Create a group of student leaders, representing formal and informal groups, to promote student responsibility for a safe school environment.
- Involve students in decision making about school rules, discipline code, curriculum, media materials, staff evaluations, after-school activities and mentoring programs.
- Encourage teachers to involve students in classroom decision making.
- Encourage students to establish local chapters of national safety groups, such as SADD (Students Against Drunk Driving) and Youth Crime Watch. Establish crime prevention clubs which involve reporting incidents, offering rewards.
- Teach students to be responsible for their own safety and emphasize the importance of reporting suspicious activities or strangers on campus. (Most tips about weapons in school come from students!)
- Offer courses on personal safety and assertiveness.
- Implement programs where violence prevention is taught by students; similar strategies involve peer training in alcohol, cigarette and drug prevention. Skits and role playing are effective training methods.
- Involve students in service projects to improve the school and community environment.

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Topics for Anti-Violence Seminars

A major activity of crisis preparedness and violence prevention is staff training. There is a wide range of topics to consider in training school personnel:

- Social and other problems contributing to school crime and violence
- Understanding diverse cultures
- Implementation of disciplinary policies and procedures
- The law and school security
- General security of the school plant
- Laws regarding search and seizure
- The criminal justice system and the juvenile offender
- Victims' rights issues
- Sexual harassment and assault
- Date rape
- Illegal drugs on campus
- Gang awareness
- Managing a confrontation
- Reporting acts of violence
- The evolutionary development of a confrontation
- Intervening in a fight
- Crowd management at athletic and special events
- Bomb threat procedures
- Current discipline techniques for more responsive and positive interactions with misbehaving and troubled youth
- Effective classroom management
- First aid and CPR
- Unarmed self-defense
- Identifying and reporting child abuse
- Referring drug and alcohol use problems

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Creating a Safe School Building

Safe schools not only have proactive prevention and intervention plans, well-organized crisis teams and clear lines of communication — they also provide physically safe havens for students and staff. To assure a safe learning environment:

- Light all hallways adequately during the day.
- Close off unused stairwells or do not leave areas of the school unused.
- Install all lockers in areas where they are easily visible, or remove lockers altogether.
- Minimize blind spots; use convex mirrors by portable classrooms or to allow hall monitors to see around corners.
- Prohibit posters in classroom windows.
- Install an alarm system and/or a closed-circuit television monitoring system.
- Keep buildings clean and maintained.
- Locate playground equipment where it is easily observed.
- Limit roof access by keeping dumpsters away from building walls.
- Cover drainpipes so they cannot be climbed.
- Avoid decorative hedges; plant trees at least ten feet from buildings.
- Trim trees and shrubs to limit outside hiding places for people or weapons.
- Keep school grounds free of gravel or loose rock surfaces.
- Design parking lots to discourage through traffic; install speed bumps.
- Ensure vehicle access around the building(s) for night surveillance and emergency vehicles.
- Mix faculty and student parking.
- Create a separate parking lot for students and staff who arrive early or stay late, and monitor these lots carefully.
- Use fencing and gates with discretion and choose attractive wrought iron styles instead of chain link fences. Secure them with heavy-duty padlocks.
- Establish a policy to have the school campus fully lighted or totally dark at night.
- Keep a complete list of staff members who have keys to the building(s).
- Do not allow graffiti to linger on walls. Follow the three "Rs" after discovery— read, record (i.e. photograph or videotape) and remove. Inflammatory bathroom graffiti needs to be removed daily.
- Offer school- or community-based activities for students after school and on the weekends. Institute after-school academic and recreational programs for latchkey students.
- Conduct a thorough background check on anyone applying to work in the school to assure that no one is hired who has been convicted of sexual assault, child molestation, or pornography, or has a history of violent criminal behavior. Do not make a hiring decision before the check is completed.

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Fostering Resiliency: Strategies to Reduce Violence

Fostering Resiliency Within the Family

Care and Support

- Encourage involvement with child in school activities
- Encourage involvement with school
- Monitor time child spends with peers, watching TV, at home, at school and in church-related activities
- Develop supportive and affectionate relationships
- Practice high-warmth, low-criticism parenting
- Pay attention to good nutrition

High Expectations

- Communicate high expectations for academic and social performance
- Develop daily routines that impart time management and organizational skills through structure, discipline and clear rules

Opportunities for Participation

- Offer a variety of experiences to discover the child's talents
- Encourage children to participate and contribute to their family in meaningful ways
- Ensure that children have domestic chores to develop responsibility

Fostering Resiliency Within the Community

Caring and support

- Offer support of families and schools
- Promote and support development of social networks
- Provide resources necessary for healthy development

High expectations

- Establish high expectations and clear norms for families and schools
- Assure youth that they are valued as resources
- Establish norms for healthy behavior

Opportunities for participation

- Encourage active participation and collaboration of families and schools in the community
- Create meaningful opportunities for youth to contribute to their community and to serve others

Fostering Resiliency Within the School

Caring and Support

- Create a nurturing staff and positive role models
- Ensure creative, supportive leadership dedicated to the school's mission
- Develop an orderly, flexible climate that is warm, responsive and quiet without being oppressive
- Offer support and mentoring from staff and peers

High expectations

- Maintain high expectations of all students and staff
- Assure minimum mastery of basic skills by all students
- Avoid negative labeling and tracking
- Emphasize cognitive development
- Monitor student progress frequently

Opportunities for participation

- Spend more time on task
- Individualize instruction
- Use a culturally diverse curriculum
- Encourage a variety of experiences to discover each child's talents
- Enable students to take part in meaningful activities and value their contributions
- Encourage parents and community participation in direct instruction, recognize student progress, and communicate expectations

Resources

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Resolution on Children, Guns, and Other Weapons

The Executive Board of the National Association of School Psychologists recognizes that guns and other weapons can — and, unfortunately, often do — hurt children. Guns and other weapons injure and kill thousands of children in the United States each year, through acts of violence and accidents and when the guns and other weapons are used by children and adults. Guns and other weapons may result in psychological harm to children when their family members or friends are injured and killed. The increasing presence of guns and other weapons in schools and communities may create a threatening, hostile, and fearful climate which adversely affects children's psychological development and school learning.

Therefore, the Executive Board of the National Association of School Psychologists resolves to:

a. Support public policies on gun control which effectively address the potential physical and psychological harm that guns may cause for children;

b. Promote the development of policies and practices within schools and communities which effectively address the potential physical and psychological harm that guns and other weapons may cause for children;

c. Assist policy makers, community leaders, parents, educators, school psychologists, and others with creating safe environments for children and protecting the physical and psychological well-being of children; and

d. Work collaboratively with other professional and advocacy groups in the implementation of the practices described in this resolution.

Adopted by NASP Executive Board, 1994

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Resolution on Children and Violence in Media and Toys

The Executive Board of the National Association of School Psychologists recognizes that children observe a large number of violent acts in television programming, videotapes, toys electronic and video games, movies, and cartoons. Research supports that exposure to violence in media and toys can have a negative impact on children's learning and development and can lead to harmful consequences.

Therefore, the executive Board of the National Association of School Psychologists resolves to:

a. Inform public policy makers, leaders in media and toy industries, parents educators, school psychologists, and others of research on the potential negative consequences that violence in media and toys may have for children;

b. Support public policies which effectively address children's exposure to violence in media and toys;

c. Promote the development of policies and practices within media and toy industries which effectively address children's exposure to violence;

d. Assist parents, educators, school psychologists, and others with developing effective practices for (1) evaluation and monitoring children's exposure to violence in media and toys and (2) responding to the day-to-day impact that exposure to media and toy violence may have on children;

e. Encourage media and toy industries to produce more developmentally appropriate, non-violent media and toys which can have a positive impact on children's learning and development, and encourage children, parents, and others to consider selection of these media and toys instead of more violent media and toys; and

f. Work collaboratively with other professional and advocacy groups in the implementation of the practices described in this resolution.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Best Practices in Crisis Intervention

by Scott Poland, Ph.D., NCSP, & Gayle Pitcher, NCSP
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& Phillip J. Lazarus, Ph.D., Florida International University

Introduction

Crisis intervention skills for school psychologists are becoming indispensable as the numbers of crises in our schools spiral upward. At present all schools are at risk for crises — even "successful" schools in prominent neighborhoods (Jay, 1989). Although few of us feel completely prepared to face and manage shootings, kidnappings, emotionally out-of-control staff members, or assaults of teachers, the simple reality is that most of us will. Government figures for 1985 documented 450,000 violent crimes in our nation's schools and colleges. Assaults accounted for most of the incidents, followed by robbery and rape (Mayfield, 1986). Keen (1989) noted that three million children are attacked at school each year and that weapons were used in 70,000 assaults. A recent 50% increase has been cited in the number of attacks on teachers from 1973 to 1985, and youth homicide has doubled in the last 20 years (McEvoy, 1988). Memmot and Stone (1989) report that one child is killed every day in accidental shootings and 10 more are injured.

Several years ago our department of psychological services received a phone call from a superintendent requesting that psychologists be sent to the site of an in-school shooting. Precisely what had happened, who was in charge, or how exactly we might benefit the situation was completely undetermined. Nothing could have prepared us for what we found: Television news teams roamed the halls, large numbers of frightened students were unaccounted for, telephone lines were clogged with frantic calls from parents, teachers were rattled from the near hysteria, and administrators felt ill equipped to manage the barrage of problems that fell upon them in the course of a fleeting moment. It was generally felt that a psychologist ought to know what to do with an incident that carries with it such emotionality. Those of us who approached the scene, however, felt the same sense of helplessness, anxiety, and confusion.

Since administrators frequently see school psychologists as the "experts" in this area and since we may be the only school personnel trained in the management of strong emotions and preventive program planning, it is logical that the crisis intervention responsibility fall squarely on us. Our profession, however, has been slow to prepare us for such a role or to be proactive in establishing and organizing crisis intervention activities in the schools (Smead, 1985).

For example, Lazarus and Phelps (1993) noted at a recent meeting of the Trainers of School Psychologists that trainers had not received systematic coursework in crisis intervention nor been trained in basic skills such as debriefing or psychological first aid. Therefore, in recent years, much of the training for the profession has become the purview of practitioners who learn their crisis intervention skills in the field (e.g., Franzen, 1993; Kamins, 1993; Pando, Laska, & Grant, 1993; Poland, 1993; Reynolds, 1993; Young, 1993).

Perhaps as school psychologists expand their attention to providing school psychology services to all children and not just youngsters in exceptional student education, the focus may shift. In a recent position statement put forth by the National Association of School Psychologists (1993) entitled On Advocacy for Effective School Psychological Services for All Children, NASP convincingly argues for comprehensive psychological services to include "developing crisis intervention plans and providing services in reaction to crises (such as suicide attempts, school and neighborhood violence, natural disasters)."

Lazarus (in press-a) makes the point that by emphasizing crisis intervention activities, school

psychologists can attest that they are essential services rather than support services.

At a recent workshop, Kamins (1993) explained how his district added school psychology positions at a time of financial cutbacks by emphasizing to the school board and the superintendent all the crisis activities his staff had engaged in on a weekly basis. They did this by sending a memo to the superintendent of schools every time they intervened to prevent a crisis from occurring or escalating and explained how they had responded during and in the aftermath of a traumatic event. When lives were saved as a result of their intervention, this became their most potent rationale for the creation of new positions.

Though Smead (1985) has correctly criticized our profession for being slow to establish and organize crisis intervention services, it appears that in the nineties workshops (e.g., Franzen, 1993; Kamins, 1993; Pando et al., 1993; Poland, 1993; Reynolds, 1993; Young, 1993) and symposiums (e.g., Busher, 1990; Dillard, 1990; Lipton, 1990; Poland, 1990), and texts (e.g., Pitcher & Poland, 1992; Slaikeu, 1990) have begun to educate practitioners on how to deliver crisis intervention services and develop crisis response teams (Alderman, 1989; Armstrong, 1989; Lazarus & Howard, 1993; Pitcher & Poland, 1992). Recently, NASP (1991) published a compendium entitled Resources in Crisis Intervention: School, Family, and Community Applications. Moreover, the number of NASP presentations at annual conventions that were directly related to crisis intervention has increased from 3 in 1983 to 17 in 1993. Therefore, it can be seen that the profession is moving forward in taking on this critical role. The title of a recent article, "Crisis Response Teams a Must for All School Districts" (Neuhaus, 1990), may become the norm at the beginning of the twenty-first century and exemplifies the primary assumption in this chapter.

This chapter will outline a practical model for crisis intervention in the schools that will enable school systems to organize and respond effectively in the face of a crisis. The role of the school psychologist ranges from that of manager to trainer to program planner. The overall model first establishes competent reaction to crises, then presses on to establish competent prevention of crises. It is our intent to pass along the information we have accumulated in nearly a decade of research and management of school crises (Pitcher & Poland, 1992).

Basic Considerations

Probably the most pronounced aspect of a crisis in the schools is the intense emotional upset or "disequilibrium" experienced by the system. Much as in personal crises, staff members experience feelings of helplessness, denial, inadequacy, and confusion. If the crisis is not resolved, depression or burnout, physical symptoms, and disorganization of functional working relationships occur. It is for this reason that school psychologists are frequently seen as the most appropriate personnel to intervene and support staff in crises.

In inexperienced or unprepared districts, however, psychologists are typically summoned at the least advantageous moment. Traditionally, crises have been regarded as unfolding in four stages: First, there is an initial rise in tension due to the crisis event. Second, in the face of the continued impact of the stressing event, there is a lack of success in the usual problem-solving techniques. During the third stage other problem-solving resources are mobilized, and, following failure of these, tension mounts to the breaking point during the fourth and final phase of severe emotional disorganization (Caplan, 1964). All too often school psychologists are called during the last portion of the third or fourth phase. It is necessary, then, that we develop the arsenal of skills required to have a positive impact on the organization at that time.

However, there is a second and very significant aspect of crisis in the schools that we must prepare ourselves and our profession to embrace. During and just subsequent to crisis there is a reduced defensiveness or increased openness on the part of the system, again paralleling personal crisis. Crisis has been frequently recognized as a time of potential danger as well as potential opportunity (Wilhelm, 1967; Lidell & Scott, 1968, Slaikeu, 1984). If our profession is able to manage the danger — that is, manage the immediate crisis and quickly return the system to normal functioning — then there exists a tremendous opportunity to stimulate long-term systemic change. Once seen as effective and

credible, the psychologist has infinitely more opportunity to move the system in the direction of prevention. Thus, the general intent of our approach is actually twofold:

1. To establish crisis management procedures that support effective coping/management behavior during extreme emotional states (which will return the system to normal functioning as quickly as possible).
2. To introduce crisis prevention activities that will reduce the probability of the reoccurrence of crisis.

As in public health, our concept of prevention can take three forms: primary prevention, secondary prevention, and tertiary prevention (Bloom, 1977; Caplan, 1964). Primary prevention includes activities that prevent crises from occurring altogether, secondary prevention includes activities that arrest potential crises from escalating, and tertiary prevention aims to repair damage from the occurrence of a crisis (i.e., crisis management). By way of illustration, then, primary prevention might be educating elementary school teachers regarding custody laws and establishing school policies and procedures to regulate authorized removal of a child from the school. Secondary prevention might involve effective implementation of such safeguards, while tertiary prevention would involve competent management of a crisis in which a child has been removed from school by an unauthorized person.

School psychologists who have been trained in organizational and community intervention will quickly recognize primary and secondary prevention as the mainstay of most systems-level interventions (Danish & D'Augelli, 1980; Rappaport, 1977; Reiff, 1975). However, school administrators, in the most-frequent-case scenario, are infinitely more amenable to primary or secondary activities once they have found themselves face to face with the tertiary prevention problems of managing a crisis. In reality, therefore, school psychologists are frequently faced with the somewhat illogical approach of beginning to intervene at the tertiary level of crisis management, and only later focusing on primary and secondary activities. Enter the tremendous opportunity for school psychologists in crisis intervention.

Administrative personnel who have managed an intense crisis are far more motivated to avoid having to do so again. Frequently this phenomenon occurs at the highest levels of administration and the school board. These individuals are scrutinized by the entire community for making the "right" decisions under pressure. The question rises from parents, children, the media, and faculty: What's being done? Those districts who can answer this question most convincingly and reassuringly are those who have planned activities and procedures along all three avenues of prevention, as stressed by the present model.

For example, in a recent series in the School Administrator, a number of administrative personnel, including superintendents, associate superintendents, and principals, emphasized the importance of crisis intervention in the schools (Barish, 1991; Caylor, 1991; Colley, 1991; Coonan, 1991; Dunne-Maxim & Underwood, 1991; Excel, 1991). Caylor, superintendent of Huntsville, Alabama, city schools described how her school district developed an emergency response plan several years after a middle school was destroyed by an arsonist (Caylor, 1991). A young boy had set a stage curtain on fire that engulfed the school in flames. She commented, "We learned about dealing with a crisis the hard way" (p. 17). Since then, plans have been developed to address many situations: fire; bomb threat; explosion; ice/snowstorm; severe weather; hazardous materials; building intruder; off-campus/emergency bus wreck; and injuries to students, nonstudents, and employees; as well as student evacuation from schoolgrounds. The major point she makes is that the importance of developing a crisis plan cannot be overstated.

Excel (1991), the principal of the Cokeville Elementary School in Cokeville, Wyoming, described how his school was taken hostage by a couple with guns and a homemade bomb. They herded 150 people into a first-grade classroom and held the group hostage. Excel mediated the hostage takers' demands with the police. However, the bomb accidentally exploded, blowing out the ceiling and setting the room and all the occupants on fire. Fortunately, no children or staff members died, though many were badly burned, and 86 students and teachers were sent to area hospitals. After this trauma, the area psychologists taught parents and teachers how to cope and in turn how to help the students deal with the aftermath of this tragedy. It appears that administrators are not only beginning to appreciate the importance of planning for crisis, but also the crucial role that school psychologists can take in

facilitating the coping process. The most innovative districts are now beginning to recognize the value not only of tertiary prevention, but primary and secondary prevention as well.

Best Practices in Developing a District Program for Crisis Intervention

Nelson and Slaikeu (1984) pointed out that crisis intervention needs to be included in the job descriptions of school personnel such as administrators, counselors, and school psychologists. Guetzloe (1988) emphasized that educational associations are recognizing that more needs to be done in preparing schools to deal with a crisis. Guetzloe pointed out that California in 1982 mandated that schools be safe and stressed the following points:

1. Teachers and administrators should be trained in crime prevention and safety procedures.
2. School security engineers should approve of school construction and schools have a responsibility to keep students safe.

Historically, attempts to prevent a crisis from occurring at school have concentrated on evacuation procedures such as fire and natural disaster drills. The incidence of violence in our schools and society indicates that we have to prepare for violent behavior. As one teacher put it, "We have to be prepared for a violent intrusion from an outsider or violent behavior on the part of a member of our school."

An examination of a number of school district procedures on crisis intervention is enlightening. Most procedures address chain-of-command issues such as when to call the superintendent or security and whether to evacuate the building in the event of a bomb threat. These organizational issues are certainly important but a crisis team that can provide a range of services is needed.

There is little information about exactly how crisis teams are organized. Ruof and Harris (1988) described three options in setting up a crisis team:

1. An inside model, which includes only staff from one building on the crisis team.
2. An outside team, composed of community mental health professionals or itinerant school personnel such as school psychologists and special education personnel.
3. A combined model that utilizes building personnel and professionals who do not regularly work in the building.

Ruof and Harris point out that there are many advantages to the inside team format because students know the team members, and they are more immediately available. A disadvantage may be that a building may not have the necessary personnel or the personnel may not have crisis intervention skills. The outside model utilizes more trained personnel, but they do not know the students and must be called to the building. One outside crisis team reported to us that they were ready to assist in the aftermath of a student's death but that the principal did not call on them. Pelej and Scholzen (1987) and Schulman (1986) have cautioned against the school system's always calling in outside experts when a crisis occurs. Ruof and Harris cited two additional problems with this approach. There may not be enough itinerant school personnel to call on and the outside professionals may be too costly. Comstock (1985) stressed that outside mental health professionals are willing to assist at little or no cost if the school system will involve them in a meaningful way and listen to their recommendations. The combined model is recommended by Ruof and Harris because it utilizes personnel in the building who know the students as well as the expertise of itinerant school personnel or community mental health personnel.

Selecting crisis team members is very important. Ruof and Harris (1988) recommend that membership on the crisis team be voluntary. Team members should not only be willing but should have attributes and skills that will enable them to perform well. The question of how many school personnel should be on a crisis team was discussed by Ruof and Harris, who recommended a minimum of two and preferable one team member per 100 children. We recommend that teams be composed of four to eight. Fewer than four team members may not provide enough team members to manage a crisis and more than eight team members results in confusion. A team approach is needed because no

single person can do everything; principals have commented that they could not be in the four or five places they needed to be at the same time during a crisis.

Theoretical Model

Crisis team members need to be familiar with Caplan's (1964) model. Most people think of crisis intervention only as what is done in the immediate aftermath of a crisis, but the most important issue is what can be done to prevent a crisis from happening. One principal who experienced a shooting at school feels very strongly that students must not keep a secret about life-threatening behavior. Many efforts have been directed towards improving and maintaining close communication between faculty and students. Too often students know about potential crisis events but keep the information to themselves. It is not possible to specify all the primary prevention activities that a crisis team could be involved in. Examples are high schools that decide to do something about drunk driving by establishing a safe ride program and to work to prevent teen suicide by establishing a school crisis helpline. A local teacher rehearsed a "secret signal" of danger with her class; her students followed her cue and violence was averted when a gunman entered her class. The following are the types of questions that crisis teams need to think about to prevent a crisis.

1. What is worrisome about the school or the neighborhood?
2. Is there a potentially violent student or parent?
3. How could we notify students to stay away from windows or to evacuate the playground or the school quickly?
4. If we evacuate the school, where do we go?
5. What has worked or not worked in handling a crisis situation in the past?
6. Is all playground equipment safe?
7. Do school personnel know CPR and first aid? Who will summon medical assistance? What if the nurse is not available?
8. How can a teacher summon help from the office?
9. Does the school offer a gun safety program?
10. Is the school system prepared to deal with the media?
11. Have school staff been provided with information on how to deal with a violent individual?
12. What communication systems are available to contact police and to inform the superintendent of schools?

Dillard (1989) made these additional recommendations for primary prevention:

1. Know how to call on mental health resources in your community.
2. Establish close cooperative relations between the school system and police and fire departments.
3. Be prepared to provide continuing assistance to students, their parents and school staff after a crisis. Group meetings held at school can convey factual information and dispel rumors.

Many issues concerning safety also need to be addressed in the curriculum. One of the most important involves educating students about gun safety. Ten children each day under the age of 18 are killed in handgun suicides, homicides or accidents (Memmot & Stone, 1989). One school system that is educating its students about gun safety is Dade County in Florida. Doup (1989) reports that the program begins in the first grade and is modeled after drug prevention programs.

The secondary level of intervention in Caplan's (1964) model emphasizes responding quickly to minimize the chance of long-lasting effects to a crisis. School buildings may want to form medical emergency teams and rehearse their response to various situations. Control of students is also very important. Plans need to be developed to direct students to classrooms or out of the building without mass confusion. One high school crisis team has made evacuation arrangement with local churches near the high school campus. The team also has ready a "crisis box" with materials that would be needed in the event that the school needs to be evacuated. The school faculty must also be told

promptly when a crisis occurs. Thought needs to be given to how to accomplish that. The faculty needs to process the crisis event and their feelings about it as soon as students have gone home. This meeting to process the event can also be used to plan for the next school day.

Contacting law enforcement personnel is also part of secondary intervention. What law enforcement personnel will be called and what to expect when they arrive are important questions to be addressed. Contact with parents is also very important. The parents of injured and upset children need to be contacted. Parents might simply appear at the school and might be upset and make demands upon the school or they might come to help out. One crisis team elected to involve parents by contacting parents who lived near the school and were home during the day and making them a part of their crisis team. Communication to parents after a crisis also is very important. It is important to clarify how this communication will take place and who will do it.

The emotional effects of a crisis must also be dealt with immediately in order to minimize long-lasting debilitating effects. This point is well illustrated by Sandall (1986), who not only discussed immediate steps taken in the aftermath of a school bombing in Cokeville, Wyoming, but contrasted actions taken there with those taken in Chowchilla, California, in the 1970s. A school busload of children were kidnapped in Chowchilla and was buried in the desert for several days. The children escaped and were physically unhurt. Sandall reports the Chowchilla schoolchildren were told to go home and forget about the incident, and that only a small percentage of them would suffer permanent psychological effects. A follow-up study 5 years later found 100% with psychological problems as a result of their experience. Sandall described the steps taken in Wyoming to provide opportunities for children and faculty to discuss their feelings after a bombing incident at school. School was held the day after the bombing and all who could be released from the hospital were encouraged to attend. Sandall commented in part, "Those children who verbalized most effectively and in the greatest quantity have managed recovery best" (1986, p. 2). Common reactions by children who have witnessed a traumatic event, according to Pynoos and Eth (1986), are (a) reexperiencing the event through thoughts; (b) fearing that it will happen again; and (c) withdrawing from the outside environment and experiencing an extreme need to cling to family members.

Schulman (1986) discussed immediate steps taken in Concord, New Hampshire, to deal with emotionality following the Challenger shuttle disaster that killed Christa McAuliffe, a teacher at the high school. Schulman emphasized that having a crisis team already in place was of great benefit. Students and teachers were provided many opportunities to express their emotions and were given flexibility with regard to their schedule and movement around the building. Students had a number of choices: They could go to the gym and vent frustrations and anger through physical activity, they could go to the cafeteria to support and be supported by others, or they could go to the library, which was a quiet work area.

Tertiary prevention involves the long-term follow-up of those affected by a crisis. Sandall (1986) stressed the need for tertiary intervention and pointed out that counseling was provided over the summer in Cokeville, Wyoming. Follow-up questionnaires are also recommended. School psychologists are in a position to provide follow-up and monitoring to those most affected by a crisis. If we cannot provide the long-term assistance ourselves, we can recommend that the family seek it privately. Anniversary dates of losses and crisis events are important.

Training Issues for Crisis Team Members

Team members need to be able to recognize a crisis, which Jay (1989) pointed out is an event that is likely (a) to interrupt normal routine and escalate in intensity; (b) to draw attention to the school and jeopardize the school's image; or (c) to interfere with the students' and the staff's ability to focus learning. Smead (1985) discussed the importance of responding immediately to a crisis to minimize effects. The crisis team should meet if at all possible even if a threatening event does not seem to be of crisis proportions. What this immediate response should be was emphasized by Slaikeu (1984), who outlined the following principles of psychological first aid:

1. Make contact with the victim and give him/her permission to express thoughts and emotions.
2. Explore the problem in terms of the past, present, and future.
3. Identify possible solutions to assist victim.
4. Take definite actions to assist victim.
5. Provide follow-up assistance.

Psychological first aid addresses immediate concerns and helps the victim sort out such needs as welfare, safety, shelter, and so on. Ruof and Harris (1988) recommend that team members receive as much as 30 hours of training.

Dealing with death. Stevenson (1986) pointed out that one of every 750 young people will die each year. The most frequent cause of death for school age children in order of magnitude are accidents, suicides, and homicides. School crisis team members need to be trained to assist in the aftermath of a death. Verification of a death is essential. A second or third verification needs to be made before the death is announced. The principal is the logical person to direct the crisis team and to announce the death. Fitzgerald (1988) makes a number of recommendations in this area:

1. Announce the death over the intercom so that everyone gets the same information; then visit as many classrooms as possible, especially those most affected.
2. Provide opportunities for discussion of emotions, the grief process, and funeral arrangements.
3. Send a letter home to parents giving information about the death and how parents can help their children.
4. Counseling grief groups may need to be provided on a continuing basis.

Pitcher and Poland (1992) recommend notifying teachers first about the specifics of the crisis through a calling tree or faculty meeting. A memorandum read to the students by the teacher is preferable to an intercom announcement. Educators often expect all children to react to a death in the same way, the typical expectation being that children should cry. Children should be given permission for a range of emotions. Children who state today that they don't care may cry tomorrow. Crabb (1982) suggested the following classroom guidance activities to assist students: (a) unfinished sentence writing; (b) drawing a picture to express feelings; (c) using music to express thoughts and emotions.

Do not rush to remove the desks and personal possessions of the deceased. Involve students in that process and encourage students to contact the family of the deceased in person or through cards and letters. It is recommended that a school psychologist follow the class schedule of the deceased. Stevenson (1986) recommends minimizing religious platitudes or symbolism and maintains that there is no correct response to a death. Physical contact may comfort some students. Students may be flooded with waves of emotions. The life history of each person will influence his or her ability to cope with the death. Stevenson states that it is appropriate to just let students sit but not to leave them unsupervised. The most common reaction is shock as students try to grasp the finality of the loss. It is important that all school personnel model expression of emotion; curriculum concerns may have to be set aside.

Oates (1988) recommends a model to determine the expected degree of trauma following a death. Oates points out that the popularity of the person who died and her or his length of time at a particular school are determinants. The circumstances of the death are also important. Suicide or murder result in more trauma than death by natural causes. A death that occurs at school also results in more trauma. These factors that address who, how, and where are very relevant to those dealing with death. It is also important to look at what other crisis events have impacted on a particular school population (Pitcher & Poland, 1992).

Team members will need to be advocates for giving school children and staff the opportunity to express their emotions. This point is illustrated by the following teacher comments: "I heard about the murder of R, a seven-year-old girl in my class the night that she was killed. I went to school early the next morning. My principal was just moving her desk out of my room. The principal said that all of her possessions had been removed and that I should avoid talking about her murder and concentrate on academics. I was angry and so were my students, we all felt robbed of a chance to express our

emotions and to say our farewells to her. One student asked if we couldn't at least let a balloon ascend to heaven in her memory. I allowed that and it helped her classmates."

Crabb (1982) emphasized that children's emotional problems after a disaster continue until help is provided. Children need to be provided the facts in age-appropriate terms and rumors must be dispelled. Dillard (1989) recommended providing parents and children the opportunity to be together and share experiences after a tragedy. Dillard described meetings that were held over the summer following a shooting in Winnetka, Illinois. These meetings helped children achieve mastery of the shooting. Dillard stressed that a traumatic event is stored in active memory until mastered. Details fade from immediate memory when mastery occurs.

Implementing Crisis Intervention: Some Basic Skills

In implementing crisis intervention services in the schools, it is essential that school psychologists have the requisite skills. Unfortunately, many of our professional colleagues have not been systematically trained in crisis counseling and intervention. They may have implemented psychological first aid after a major crisis has occurred, but never received feedback on how to improve their competence nor been prepared prior to the occurrence of a traumatic event on how to respond to it.

As noted by Lazarus and Jackson (1993b, p. 16), "Disasters are inevitable. They can occur at any time, in any place. They can blindside anyone at any age. They hit communities large or small." Crisis will occur whether or not school psychologists are prepared; therefore, adequate training in crisis intervention is essential. This is fundamental to the model presented that emphasizes competent reaction to crisis and systematic prevention of crisis.

Crisis intervention has been defined as a "helping process aimed at assisting a person or family to survive an unsettling event so that the probability of debilitating effects (e.g., emotional scars, physical harm) is minimized, and the probability of growth (e.g., new skills, new outlook on life, more options in living) is maximized" (Slaikeu, 1990, p. 6).

This process can be conceptualized in two phases: first-order intervention, which may be thought of as psychological first aid, and second-order intervention, which may be termed crisis therapy. When school psychologists typically first arrive at a school that has experienced a crisis, they often offer immediate assistance. One type of first-order intervention is called debriefing.

Debriefing. The ability to conduct a debriefing should be considered a requisite skill for all school psychologists. Lazarus (in press-a) describes debriefing as "a process in which survivors or witnesses of a trauma have the opportunity to describe and discuss the impact the event had on their lives. It provides individuals an opportunity to tell their story, ventilate their feelings and have their emotional reactions validated." As explained by Lazarus and Howard (1993), the purpose of a debriefing is to help survivors regain some sense of control or mastery over their lives. It provides a forum to assist participants in predicting future events and reactions so that they can prepare for them in adaptive ways.

It needs to be emphasized that debriefing is not therapy (Bates & Freeman, 1992), though it is therapeutic. It may be better conceptualized as an educational and psychological experience designed to help participants "let some steam off the pressure cooker of disaster reactions" (NOVA, 1991, p. 147).

Debriefing can be conceptualized primarily as a secondary level of prevention according to Caplan's (1964) model. It emphasizes a quick response to a crisis in an effort to ameliorate long-lasting adverse effects. During the debriefing process, individuals most affected by a crisis can be identified for counseling, follow-up, and monitoring. Therefore, if done correctly, debriefing automatically leads into tertiary prevention. In some instances, the discussion of the impact of the trauma during a debriefing may later lead to policies, procedures, and practices designed to avert future crises. Therefore, debriefing may indirectly precipitate primary prevention activities.

An example will illustrate. Following a shooting on school grounds, the administration and faculty implemented specific written policies on what students should do if they suspect another student is carrying a weapon. Procedures were clearly articulated to assist students in alerting school personnel. An 11th-grade girl reported to the principal that a student was carrying a gun. She felt guilty about reporting, but told her friends that if she had not witnessed a previous shooting or participated in crisis

counseling afterwards, she would have kept the secret to herself.

One of the advantages of conducting a debriefing is that it adds structure to a crisis, which helps contain the chaos and confusion. It can be comforting to administrators, faculty, and students to know that they will have the opportunity to discuss any crisis that occurs and be given the latest information. When conducted properly, a debriefing emphasizes open communication, honesty, and the expression of feelings. It can help being individuals together and assist in creating a support system.

In the same way that districts expect school psychologists to conduct psychoeducational assessments, they can expect that school psychologists be involved in crisis intervention. In this way practitioners can emphasize the essential nature of their services (Lazarus, in press-a). When school psychology positions are being threatened in tight financial times (see Steegmann & Harwood, 1992), this takes on added importance.

A Model for Debriefing

When conducting a debriefing, it is recommended that a structured model be followed. The National Organization for Victims Assistance (NOVA) has developed a model that can easily be followed by school psychologists. According to Lazarus (in press-b), training school psychologists in debriefing requires teaching the essence of active listening, empathy, and effective communication techniques. It also requires teaching the psychologist how to project a presence of competence, calmness, and compassion in the presence of confusion. The details of the NOVA model include team roles, ground rules, timing and logistics, and procedures and processes.

Team roles. The debriefing team consists of a minimum of two individuals, a leader and a scribe. If resources are available, then optional caregivers are recommended.

School psychologists can act as the debriefing leaders and assume the major responsibility for conducting the sessions. They introduce themselves and all team members and express sadness about the impact the trauma has had on the lives of the participants. They clarify the purpose of the debriefing and explain the ground rules. They give permission for all individuals to express their feelings and come and go as they please. If time is allowed, they may also discuss issues such as common reactions to crisis, coping mechanisms, long-term stress reactions, hints for coping with acute and chronic stress, and strategies for maintaining physical and emotional well-being.

The scribes provide emotional support to the debriefing leaders. Typically, they act as recorders by writing on a flip chart or blackboard the reactions and emotions of the group. They assist individuals in crisis by distributing kleenex and water, providing physical comfort when necessary, and helping individuals leave the room. Usually, they act like a supportive and unobtrusive partner contributing only when called upon by the group leader. Lazarus and Phelps (1993) emphasized that responding to crisis is a team effort: The leader, the scribe, and the caregivers are members of a team that need each other to function more effectively. By modeling this behavior, a set is stressed that participants should also rely on each other in a time of crisis.

Ground rules. The ground rules for debriefing are simple and straightforward. All communication is confidential: Nothing said during the debriefing leaves the room. Names of participants are not written down and the blackboard is erased or the flip chart pages destroyed after the session is over.

If individuals are willing, they may identify themselves when they speak. They are given permission to express how they feel. Participants are informed that this is not a critique of what happened, but instead a review of their reactions (NOVA, 1991). Carnes and Sorensen (1993) who conduct debriefings for emergency medical personnel, firefighters, and police officers also offer some suggestions that could be incorporated in the school setting. They emphasize that no one talks for another and that participants' should comment only about their own thoughts, feelings, and reactions. Mental health professionals who conduct debriefings advise that groups should be as homogeneous as possible. If individuals feel uncomfortable with anyone present, this will be deleterious to the process. Therefore, no school administrators or teachers should be present when students are debriefed. Most importantly, the media must be excluded from any debriefing involving students or school staff. If necessary, the media can be debriefed as a separate group.

According to NOVA (1991), there is both an announced and real agenda. The announced agenda is to ask participants how they have reacted, how they are all presently reacting, and what their expectations are for the future. The real agenda is to help the groups "define the crisis reaction, provide some crisis intervention and predict and prepare the groups for possible future events" (Lazarus, in press-a).

Timing and logistics. Debriefing should take place 24–72 hours after a trauma and should not interfere with events such as funerals and memorials. Day debriefings are usually better for students and school personnel. Night or weekend debriefings may be better for parents. Sessions should last no more than 2 hours.

As to logistics, the room needs to be accessible and comfortable. Debriefings should be conducted in a circle or horseshoe arrangement and need to be free from distractions and interruptions. Kleenex, water, and other necessities need to be available to all participants.

Process and procedures. Participants are asked to describe their experience during the crisis. Though participants are encouraged to speak as freely as possible, they should not be pressured to talk, and their privacy needs to be respected.

Typically, participants are asked specific questions such as: (a) where they were when the trauma occurred; (b) who they were with; (c) what they heard, smelled, tasted, or touched at the time; and (d) how they reacted.

According to Lazarus (in press-a), the leader listens to the reactions and underscores any statements that fit within the crisis reaction framework. The scribe writes down the emotions and recollections as they are generated from the discussion. Typically, recollections of any crisis may generate feelings of shock, disbelief, and denial. Further, reactions of anger and rage, fear and terror, grief and sorrow, confusion and frustration, and guilt and self-blame usually emerge. All throughout the process, the leader needs to listen and validate key emotional reactions and concerns.

Carnes and Sorensen (1993) describe the debriefing process as consisting of a series of phases. In practical terms, they are not distinct and include the intermeshing of these phases: (a) introduction; (b) discussing of facts, thoughts, reactions, and symptoms; (c) teaching; and (d) reentry.

The process can move from the introduction of the purpose of debriefing to the discussion by participants of the facts, and their thoughts, reactions, and symptoms related to the crisis. Near the end of the session, the leader can discuss issues such as coping with crisis and how to handle stress reactions. Effective strategies used by participants in handling crisis are validated. Future meetings at the school may be arranged as necessary.

Handouts may be distributed that provide information about crisis reactions and managing acute and chronic stress, and hints for maintaining physical and emotional well-being following a crisis (see Lazarus, 1992a). Authors such as Faberos and Gordon (1981), NOVA (1991), and Pitcher and Poland (1992) provide suggestions that are useful for creating handouts. Also, most school districts have available information that can be shared with participants. Organizations including Mothers Against Drunk Driving (1990) provide handouts for dealing with death at school. NASP also has made available brief handouts with such titles as Understanding Trauma and Grief and What to Do About It (Hyman, 1992) that are included in Helping Children Grow Up in the 90s: A Resource Book for Parents and Teachers (NASP, 1992).

Staff debriefing. Following a debriefing conducted by school psychologists, counselors, and mental health personnel, it is incumbent on the team to be informally debriefed. Staff need to ensure that they make time for themselves to go over the event and describe their own emotions and reactions. Anyone who has performed crisis intervention services knows that it can be an emotionally draining experience.

At the next team meeting, it is recommended that the group make a brief presentation to all members of the school psychology staff. One of the purposes of this presentation is to brainstorm ways to improve crisis intervention service and be better prepared for the next event.

One District's Approach to Crisis Intervention Planning

The development and implementation of a crisis intervention plan by one school district was assigned by the superintendent to psychological services. The following steps were taken:

1. The literature was surveyed and a few crisis plans from other school districts were located.
2. Principals were interviewed to get their input and to involve them in the process.
3. Directors of security, nursing, transportation, and public information were all interviewed.
4. A building crisis team approach was recommended with district personnel involved in a support role.
5. Building principals were designated as crisis coordinators and the media spokespersons. An in-service was provided to clarify their role.
6. Principals designated liaisons in the following areas: counseling, law enforcement, student, parent, campus and medical. These liaisons together with the principal formed the building crisis team. Training was provided to the various liaisons.
7. Principals were provided with training on dealing with the media, emphasis being placed on being cooperative but also containing the media.
8. District transportation personnel received training.
9. A tip sheet for teachers and aides for dealing with a crisis was developed and presented at an in-service in every school building. Teachers were encouraged to make plans to deal with such behavior as tantrums, fights, running away, and medical emergencies. A worksheet to address these was provided.
10. A basic premise emphasized was that this was a starting point and that the most important recommendation was for the building crisis teams to meet regularly and discuss their school.
11. Crisis intervention activities were publicized and shared with the community.

Crisis drills. The district had on paper an excellent crisis plan, but to make crisis intervention an integrated part of school more steps had to be taken. The superintendent authorized conducting crisis drills and gave the principals forewarning. A script for the initial crisis drill was written and various central administrators went to the mock scenes to role-play the crisis. To minimize school disruption the crisis drill took place outside the school building. A sample crisis scenario appears below.

Incident: A female student has been shot in the foot by a pistol in front of the school by the flagpole. The pistol, which she had been carrying in her purse, discharged with students nearby. Your first notification of the incident is when several hysterical students rush into the office. The student has a younger brother who attends the same school. The superintendent's secretary will role-play the mother; please call her.

Task: Please respond to this incident, following the district crisis intervention procedures. District personnel are on the scene to role-play and ask questions. This is a practice drill and district personnel should be alerted; however, it is not necessary to notify agencies outside the district.

Verbal and written feedback were provided to the crisis team. The importance of a team effort was stressed, along with indications of prior planning. The first two drills were videotaped and were shown at the principal's meeting. Numerous drills have since been conducted, including even a surprise crisis drill at the central office. No one has complained about the crisis drills and they serve the purpose of making crisis intervention a regular part of conducting school.

Improving Crisis Intervention Services

One of the best ways to improve crisis intervention services is to receive systematic feedback on the functioning of the crisis support team in delivering services to the schools. Broward County (Florida) schools has developed an evaluation team follow-up procedure that evaluates their effectiveness. In particular, these questions are asked:

1. Did the crisis support team (CST) assist you in developing a school-based plan of action for dealing with a crisis at your school?

2. Did the CST assist you in informing students (i.e., announcements by principal, etc.) about the crisis?
3. Did the CST assist you in informing parents (i.e., letter, etc.) about the crisis?
4. Did the CST provide assistance in communicating with the media?
5. Did a member of the CST assist you in meeting with members of your faculty?
6. Did the CST provide individual consultation services to teachers? If so, did that service assist teachers in dealing with the crisis?
7. Did the CST provide counseling to students individually or in groups? If so, did that service assist students in dealing with the crisis?
8. Did the CST provide follow-up services to students and staff in need of that service?
9. Were on-site materials provided by team members effective in dealing with the crisis?
10. What else could have been done to improve the team's effectiveness and helpfulness?

Moreover, crisis teams need to systematically document all their activities, including both individual and group contacts and their impression of the crisis and their interventions. By doing so, they can not only organize their services better, but also maintain a method for improving their delivery system.

Responding to Community Disasters and Schoolwide Crises

Within the past decade, the role of the school psychologist has changed, and it is now incumbent on our profession to provide leadership in the wake of disasters resulting from natural, social, or specific school district causes. As noted by Lazarus (in press-a), "disasters are inevitable. Appropriate preparation is not." Therefore, our profession needs to be better informed about crisis reactions, crisis theory, and crisis interventions in the aftermath of large-scale disasters.

A brief overview of postdisaster crisis intervention. As summarized by Cohen (1982, 1986, 1990), mental health journals and books are presenting theoretical formulations on stress effects and crisis theory and providing information on a variety of approaches that have been applied to postdisaster situations. Tyhurst (1951) originally pinpointed sequences and phases of behavior related to crisis resolution and began to specify intervention approaches applicable to each phase. Parad and Caplan (1966) described the mechanisms families used in adapting to crisis events.

R. Lazarus (1966, 1980) has expanded the knowledge of coping by identifying the significant role of the cognitive system as it affects the psychological interpretation of a trauma. He sees coping as defined by two major activities. The first involves changing the system — problem solving. The second involves managing the subjective components (feelings, thoughts, physical well-being, behavior) of the problem. A crisis state is characterized by a breakdown in these processes in which rational problem solving is difficult and the individual has difficulty managing the subjective components of the crisis situation. Horowitz (1986) has proposed a model of information processing for dealing with the aftermath of a tragic event. As discussed by Dillard (1989), Horowitz explained that until a traumatic event can be mastered through understanding and then integrated, its psychology is stored in active memory. As mastery occurs, the trauma is incorporated, the details fading from immediate memory. Until the mastery occurs, individuals are vulnerable to psychological overload such that normal ego coping mechanisms are not up to the stress produced by the disaster.

In dealing with children, Caplan (1964) views the prevention of mental disorders as a function of whether they have adequate physical, psychological, and cultural supplies for dealing with life's stresses. Children who are said to cope well following a crisis are those who have not only personal and psychological strengths, but also the social supports necessary for enduring disequilibrium and making appropriate accommodations.

Pynoos and his colleagues have studied life threat and posttraumatic stress in school-age children (Eth and Pynoos, 1985; Pynoos et al., 1987). They have provided strong evidence that acute posttraumatic stress occurs in school-age children within weeks of a life-threatening violent event. Age, sex, and ethnicity do not influence the type or severity of posttraumatic stress. The most important variable in relation to the number of posttraumatic symptoms reported appears to be the degree of exposure. This

notion of proximity to the event as the most important variable has also been supported by Dillard (1989).

Many of the original formulations about crisis theory and intervention have come from researchers with a community psychology orientation who have studied adults. Recently, the school psychology literature has paid attention to the role of their practitioners in crisis intervention. Pitcher and Poland (1992) have effectively discussed what lessons can be learned from man-made school district disasters (Chapter 5). Here they discuss the traumas (also dealt with in the sources cited in parentheses) of Chowchilla, California (Terr, 1983); Cokeville, Wyoming (Sandall, 1986; Stevens, 1989); Winnetka, Illinois (Dillard, 1989; 1990); Greenwood, South Carolina (Greer, 1988; Stevens, 1990); and Stockton, California (Armstrong, 1989). A series of articles in the Communiqué has highlighted the role of school psychology staff in responding to natural disasters such as the San Francisco earthquake (Spicher, 1989), Hurricane Hugo (Alderman, 1989; Harlom, 1989), and Hurricane Andrew (Lazarus, 1992a; Lazarus, 1992b; Lazarus & Howard, 1993; Lazarus & Jackson, 1993a). Since there has been an unfortunate escalation in the number of crisis events, our profession has had to respond by focusing on crisis intervention activities.

Recommendations for dealing with stress in the schools following a natural disaster. Considerable research suggests that a fair percentage of children exposed to natural disasters will experience circumscribed, time-limited fears or behavioral problems (Auerbach & Spirito, 1986, p. 194). As noted by Pynoos et al. (1987), those most exposed will be the most vulnerable. In major disasters, such as that in parts of South Dade County that were directly hit by Hurricane Andrew, it has been estimated that 95% of the children experienced post-traumatic stress disorder (PTSD) symptomatology.

In treating the trauma of disasters, some points can be emphasized:

1. The family can be considered the first line of defense in helping children adjust. Benedek (1979), in reviewing the relevant literature, concluded that a caring and stable parent was probably the most essential element in a child's adjustment following a catastrophe. Raphael (1975) believes that family ties, reassurance, and open discussions are critically important elements.
2. Children separated from their families during a disaster will require a great deal of comfort and reassurance. Information about the family's well-being, phone calls, and so forth, should be provided as quickly as possible.
3. Disaster treatment and services mandate that professionals working with survivors of disaster seek out individuals in need rather than waiting for them to seek help. It has been noted by Tuckman (1973) that reaching out to disaster victims immediately after a trauma can minimize the development of posttraumatic symptoms.
4. School-age victims of a disaster should be encouraged to resume many of their daily activities. Children should also develop an understanding of their situation and confront rather than deny their thoughts and feelings. Crabbs (1981) emphasizes that activities should provide opportunity for personal expression regarding the crisis event.
5. Schools can provide a bridge to the community and serve as a disaster assistance center. The school can provide a site that can help coordinate disaster relief. Information of legal, economic, insurance, food, health, shelter and safety issues can be disseminated by school staff, crisis workers and community volunteers.
6. The school can provide security and support to children whose lives were disrupted by a natural disaster (Lazarus & Howard, 1993). Here school psychologists and counselors can provide needed emotional support to children and their parents.
7. It is also important to remember that children are resilient (NIMH, 1975–1984) and that victims view themselves as anxious and under stress but not pathological.

Some lessons learned. On December 3, 1985, and January 28, 1986 Concord (New Hampshire) High School sustained two significant tragedies. The first occurred when a 16-year-old former student who had recently dropped out of school appeared at Concord High carrying a loaded shotgun. After

taking students hostage and threatening school personnel, he was killed in an exchange of gunfire with the local police. Less than 2 months later, Christa McAuliffe (the first teacher selected for a mission in space) was killed in the shuttle disaster along with six astronauts. Mrs. McAuliffe had been a teacher at Concord High until her NASA appointment. The faculty and students were watching on television the shuttle launching in which she died.

Norman Shulman had been the Emergency Service Program coordinator and was involved in developing the school's response plans following both crises. In discussing the best way to achieve the objectives of intervention following major stressful events, Shulman (1990, p. 67) proposes some intervention responses that can be deemed useful in almost any school situation following a disaster.

1. Obtain, disseminate, and update information about the crisis.
2. Encourage ventilation about the event in an empathetic and accepting manner.
3. Strengthen awareness of the normalcy of the victims' reactions. Help them view themselves as normal individuals undergoing acute stress.
4. Help the victims accept and confront the reality of the event. Identify reality-based cause–effect relationships between events and reactions.
5. Arrange group discussions to relate thoughts and feelings about the impact of the trauma.
6. Resume activity to help reorder life in its new context as it is redefined by the disaster.
7. Explain to victims that certain reactions, though distressing, are to be expected, and that these, as well as specific symptoms, should be viewed as normal.

As a final thought, by reading the literature on crisis theory and crisis intervention, by serving on crisis response teams, and by continually updating their skills through in-service and consultation with colleagues, school psychologists will be in a position to offer significant help following a major disaster. However, it is important that school psychology service staff work with their district to develop plans to cover a wide range of traumatic events.

Summary

There has been an increase in the number of crisis events that affect the schools. School psychologists are the logical personnel to respond. It is important that school psychologists respond to this opportunity to help all concerned and to broaden the role of school psychology. The initial intervention of school psychologists will be at the secondary or tertiary level. It is important that we advocate for opportunities for those who experience a crisis to express their emotions. The focus for the future needs to be on primary prevention activities in the schools. Crisis intervention is an area in which all our efforts need to be constantly improving and evolving in response to the needs of our schools and society.

There are numerous state and national initiatives that focus on school crisis and violence prevention. A national educational goal has been set to have violence-free schools by the year 2000. The Clinton Administration has just passed the Safe Schools Act of 1993 to provide federal grants to encourage schools to develop curriculum, safety, and security programs. One state, South Carolina, has passed legislation that requires schools to develop crisis plans. It is our belief that schools will be held increasingly accountable for crisis prevention and management plans. The single greatest resource for school psychologists in this area is the National School Safety Center (NSSC), which is a combined effort of the United States Department of Criminal Justice and Education. The NSSC published articles, newsletters, journals, and books on all aspects of school safety. The current director of the NSSC, Ron Stevens (1990) emphasized that school crisis planning is an inside job that involves the staff, students, and community.

The importance of making crisis prevention and management plans today cannot be overemphasized. A biblical quote illustrates this point: "I must work the works of him that sent me while it is day: the night cometh when no man can work" (Gospel of St. John, Chapter 9, Verse 4). We have been faced with crisis situations and have found it difficult to think clearly and we have been uncertain of who should do what. School psychologists must step forward to provide leadership in crisis planning and should seek out those who need our help after a crisis.

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National School Safety Center, 4165 Thousand Oaks Boulevard, Suite 290, Westlake Village, CA 91632; (805) 375-9977.

Publishes resource papers, workbooks, and guidelines on school safety.

Pitcher, G., & Poland, S. (1992). *Crisis intervention in the schools.* New York: Guilford.

The authors discuss both theoretical and practical aspects of managing crises in the schools. The role of the psychologist ranges from that of consultant to trainer to provider of direct services. Practical information regarding staff in-services, managing organizational crises directly, and stimulating intrasystemic change is presented. Special emphasis on moving the system in the direction of providing preventive services is emphasized.

School Crisis Consultants, 12318 Amado Dr., Houston, TX 77065; (713) 890-5701.

Scott Poland provides workshops and publishes a 126-page Crisis Training Manual complete with overheads. This manual provides step-by-step practical guidelines for handling crisis situations.

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National Organization of Victim's Assistance, Washington, DC.

School guidelines for dealing with crisis situations are currently being developed.

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NASP/NEAT Community Crisis Response

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During the 1997-98 school year, members of NASP/NEAT participated as part of the NOVA (National Organization for Victim Assistance) community crisis response to the school shootings in Paducah, Kentucky; Jonesboro, Arkansas; Edinboro, Pennsylvania; and most recently Springfield, Oregon.

The bloodshed which has occurred on school campuses across our great nation has dramatically and perhaps irreparably changed the psyche of Americans. For, just as the bombing of the Alfred P. Murrah Federal Building in Oklahoma City made us all realize just how vulnerable we are to multiple criminal victimizations, the recent school tragedies have also struck a blow to once-perceived sacred territory. Yes, the perception of a safe and secure schoolhouse has been tremendously violated. Parents, children, administrators, teachers and other school personnel are experiencing fear and anguish wondering if their school will be the next site of such outrageous violence. Abraham Maslow taught us that establishing a sense of safety and security in the mind of a child is critical and essential in the development of future cognitive, emotional and social growth (Maslow, 1970). The sanctity of the schoolhouse as a safe and secure environment to learn and grow must be re-established.

Defining Crisis Intervention

Crisis can be defined as "a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of a person, group or community." In Gerald Caplan's words, "It is only when the traumatic event is subjectively perceived as a threat to need fulfillment, safety or meaningful existence that an individual enters a state of crisis." Crisis intervention then may be looked upon as the process used to promote the psychological resolution of a crisis and restoration to at least the level of functioning that existed prior to the crisis event.

Crisis intervention is a most effective tool in responding to and reducing emotional trauma. This is accomplished by:

- addressing safety and security concerns
- allowing the traumatized an opportunity to ventilate and validate their thoughts and reactions
- restoring the dominance of cognitive functioning over emotional reactions
- facilitating the restoration of community and social connection
- providing education on future expectations
- providing opportunities for survivors to interpret the trauma event

The Development of NEAT

Following the Oklahoma City bombing, Steven Crane and Joyce Lowrey, school psychologists, drafted a proposal for NASP suggesting the creation of a national emergency response team that would help children and school districts receive support and training for crisis management in the schools, as well as the community. This action led to the creation of the NASP/NEAT in 1996.

The mission of the National Emergency Assistance Team (NEAT) is to develop policies and procedures, disseminate information, provide consultation and facilitate the training of school-based crisis teams in response to significant emergencies impacting children and adolescents. The purpose of this team is to provide the expertise to enable school districts to respond before, during and after a large-scale crisis. The team is composed of highly trained Nationally Certified School Psychologists

with expertise in prevention, intervention and postvention, who can provide assistance in response to large-scale emergencies. NEAT is led by Dr. Scott Poland, Director of Psychological Services, Cypress-Fairbanks Independent School District, Houston, Texas. Scott is a national leader in school crisis management and responded to the school shootings in Jonesboro, Arkansas and Paducah, Kentucky, where he was the leader of the NOVA Crisis Response Team.

The intention of the National Emergency Assistance Team is to help save lives, reduce trauma and injury, facilitate the psychological well-being of students and staff, and enable schools to resume regular activities in a timely fashion following a school community crisis.

The NEAT Crisis Plan

The NASP/NEAT school community crisis response plan is based upon the philosophy of Gerald Caplan (1964), a pioneer in the field of crisis intervention who envisioned crisis intervention as having three major components:

1) primary prevention, which is aimed at heading off crisis events or teaching people to cope with them before they occur;
2) secondary prevention, which attempts to minimize the harmful effects of traumatic events which have already occurred; and
3) tertiary prevention, which addresses the long-term reactions related to trauma victimization.

Preliminary planning: When NASP/NEAT is invited to participate in a school community crisis response, preliminary contacts with school district personnel occur so that necessary information is gathered and appropriate arrangements have been secured for our arrival. Transportation, lodging and logistical concerns regarding site accessibility and available meeting space are discussed. Communication with local school district personnel and other community leaders is essential in preparing for our acceptance into the traumatized community. As in the NOVA model, the NEAT response will be confined to a 72-hour period.

Upon arrival at the site, NASP/NEAT members will meet with local school district officials and other key community liaisons in preparing the crisis response. The media will be briefed as to the NEAT mission, goals and objectives. This briefing will then be followed by a visit to the site of the tragedy where NEAT members get a feel for the magnitude of victimization that occured.

Group Crisis Interventions: Plans will be made for conducting group crisis interventions using the NOVA model (NOVA, 1998). This includes the identification of high-risk victim survivors who were directly involved in the trauma, witnesses and rescuers, and additional students and school personnel. Furthermore, provisions will be made to address the families and peers of victims as well as survivors. The needs of the concerned community can best be addressed by hosting one or more community-wide Group Crisis Interventions (G.C.I.s), which may be held in a school gymnasium, cafeteria or auditorium. The G.C.I. will address the acute need for safety and security, allow for the ventilation and validation of crisis reactions, and will help predict and prepare the school community for what lies ahead. NEAT members prefer to conduct G.C.Is with same-group participants, i.e., student groups, parent groups, faculty, etc., in order to create an environment more conducive for sharing reactions.

During the course of the G.C.I., the victim/survivor is given the opportunity to share a variety of thoughts and reactions regarding his/her trauma experiences. Responses such as fear and terror, danger and outrage, confusion and frustration, guilt or self-blame, shame or humiliation, and grief or sorrow are common and expected. Sensorial accounts of the traumatic event are also likely to be recalled. The G.C.I. also provides the means to explore positive coping methods which may help the child or adult to more effectively deal with the trauma event.

NEAT members Dr. Scott Poland and Rich Lieberman, who responded to the shootings at Westside Middle School in Jonesboro, Arkansas, stated that "the school children were tortured by many questions. They wanted to know why this horrible event occurred, why children are killing children and if it could happen again." Westside's school psychologist, Betty Stockton, commented

that words are now spoken by children that should never have to be said, such as:

"She fell right beside me, I saw the blood, they screamed, run.... I just wish I could have gone back... Maybe I could have saved her."

Support and training: Another objective of NEAT is to provide support and training to local caregivers such as school counselors, school psychologists, school social workers, clergy and others who will be providing intermediate and long-term mental health care.

A most important way that NEAT members assist school community trauma victims is through education. We educate and consult with school district officials, school personnel, students and parents regarding the physical, cognitive, emotional and behavioral manifestations connected to traumatic loss. Loss of trust, security, faith, opportunity, dreams, identity, purpose and innocence surround the bereaved child or adolescent.

We also provide information regarding children's common responses to homicide, which include:

- Concern that the person suffered
- Horror from repeatedly visualizing the crime in their mind
- Constant need to tell and retell the story of the crime
- Need to reenact the crime through play
- Desire to seek revenge against the murderer
- Yearning to join the loved one
- Desire to plan one's own funeral, especially with teens
- Searching and questioning his/her belief in an afterlife

We speak of how developmental processes impact how youth respond to such losses and provide recommendations based on best practices models regarding how to respond and cope with these concerns as a child or adolescent, parent, school administrator or other school personnel. In the aftermath of violent homicide, children often fear their own death or the death of a loved one; they fear being left alone or leaving the safety of the home to come to school; they may experience nightmares, regression of behaviors, an inability to concentrate and may demonstrate very aggressive behavior.

NEAT phases out its on-site crisis response by:

1) Emphasizing the need for long-term and ongoing intervention for victim survivors. This can be managed by:
   - Letting students know there will continue to be people available who are willing to listen to their concerns
   - Providing a list of local help resources
   - Giving permission for school personnel and students to discuss and revisit the tragedy as needed
   - Infusing the trauma into the context of the school curriculum
   - Assisting as a consultant in the development of appropriate memorial activities
2) Providing facts to allay fears by:
   - Offering realistic reassurance
   - Building back a sense of control
   - Alerting victim survivors to the fluctuating, winding path of the grief process
3) Thinking ahead to effects which might later develop by:
   - Being aware that similar incidents in another location may trigger renewed feelings
   - Planning a special remembrance for the one year anniversary of the event, or other important moments such as a graduation, thereby diverting renewed reaction if the date or event is ignored
4) Listening and watching for long-term reactions:
   - Preparing for anticipated long-term reactions including periodic emotional distress
   - Watching for pathological long-term reactions, i.e., PTSD symptomology, drop in academic performance, truancy, drug involvement, aggressive or suicidal behavior
5) Finding ways to emphasize a return to stability and equilibrium.

The NEAT/NOVA Alliance

As mentioned earlier, NASP/NEAT and NOVA share an important alliance. NEAT members have received extensive NOVA training and fully adhere to their crisis response model. There is much to be gained from this synergistic relationship. We are extremely grateful to Dr. Marlene Young, Director of the NOVA, for her guidance, spirit and energy. As members of NASP/NEAT we strongly believe that we are in a unique position to offer school community crisis intervention services. Our psychoeducational background, knowledge of learning theory and developmental growth process, and the understanding of school operations make NASP/NEAT a valuable resource to NOVA and to the nation. NEAT is well suited to respond to traumatic events within the educational community— in other words, as NEAT Facilitator Kris Sieckert commented following her return from the NOVA crisis response to the school shootings in Springfield, Oregon: "We speak the same language."

Opportunity for Growth

As has been clearly demonstrated, the NASP/NEAT philosophy toward school community crisis response draws from theoretical and practical foundations. Our alliance with NOVA increases the efficiency of both agencies in providing necessary community crisis response services. Furthermore, the NASP/NEAT brings to the table a unique ability to effectively address traumatic events impacting the school community. We are all united in our hope that the tragic events occurring in Paducah, Jonesboro, Edinboro and Springfield are not repeated. Unfortunately, there is no evidence suggesting this to be the case.

The Chinese symbol for crisis translates as "Opportunity blowing on an ill wind." Historically, we have learned much from those who have suffered tremendous injustice and loss. The opportunity for growth is upon us. Let us prepare wisely for the future, for "schools must not get caught with their plans down" (Poland, 1994, p. 187).

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This article is based on a speech Frank delivered on June 8, 1998 to a forum called by the Office of Victims of Crime (OVC) in Washington, DC to discuss various crisis response models used around the country. Frank represented NASP and NEAT at the forum. The text of the original speech was recently published in the newsletter of the Florida Assocation of School Psychologists (fall 1998).This article was previously published in the November 1998 issue of Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

School Crisis Intervention Mutual Aid: A County-Level Response Plan

by Stephen E. Brock, Ph.D., NCSP
Lodi (CA) Unified School District

One of the defining characteristics of situational crises is the potential to impact an entire community (Slaikeu, 1990). Recognizing this reality, it has been recommended that crisis intervention plans have available multiple levels of crisis response (Young, 1998). For example, school districts should have both school and district-level crisis response teams. While school teams are primarily responsible for the crisis response (and to the extent possible manage crises independently), the district-level team is available to provide additional crisis intervention resources when school-level teams are overwhelmed (Brock, Sandoval & Lewis, 1996).

The author's experiences, as a district-level crisis response coordinator, have found this two-level response plan to be sufficient following virtually all traumatic events. However, recent school shootings in Jonesboro (AR) and Springfield (OR) served to remind the author's community that there are some instances where this two-level response plan is inadequate. Mass disasters such as these can quickly overwhelm local resources. Having suffered the pain of a multiple fatality school shooting in 1988, these recent disasters have stimulated thinking in San Joaquin County, California about how we would respond if a similar tragedy were to happen again in our schools.

County-level Crisis Intervention Response: The San Joaquin County Proposal

Recently, the schools of San Joaquin County (which includes 16 separate districts serving over 110,000 students), in collaboration with County Mental Health and the Office of Emergency Services (OES), began the process of developing a county-level crisis intervention plan. The origins of this plan can be found in the California Emergency Services Act (Government Code Section 8550). This Act is designed to help mitigate the effects of natural and man-made disasters. Among its provisions, the Act calls for disaster response partnership agreements within and between the various regions of the state. These response partnerships institutionalize the practice of "mutual aid" already employed by many emergency response personnel (e.g., firefighters). Mutual aid allows regions to share emergency response resources whenever a given disaster is beyond local control. Recently, the practice of mutual aid has also been applied to the mental health response to disasters. It is this application that the San Joaquin County proposal is modeled after. By making use of mutual aid, the San Joaquin County plan will provide county-level direct crisis intervention support following disasters that overwhelm district-level resources.

The author considers this *crisis intervention mutual aid program* to be an insurance policy, a policy that a school district purchases by agreeing to send its own trained staff to other school districts in time of crisis. With this agreement districts would be able to access a much larger cadre of crisis interveners than any one district could ever hope to employ.

A primary strength of the San Joaquin County proposal includes greater control over exactly who is responding to a crisis event. Following mass disasters there is a need for a large number of crisis interveners. The author's experiences have found that while there is usually an abundance of volunteers willing to provide such assistance, it is difficult to quickly assess the qualifications of these volunteers. This fact creates the possibility that individuals without crisis intervention skill may become a part of the crisis response. The school crisis intervention mutual aid program eliminates this concern. As will be discussed below, a mutual aid program can specify uniform crisis intervention qualifications.

Another strength of the school crisis intervention mutual aid program is the simple fact that it makes use of individuals who know schools and how they operate. Many times "expert" crisis interveners, who are not school employees, make simple mistakes (e.g., not accounting for a bell schedule) because they are not clear on how schools function. By having a cadre of school-based professionals with crisis intervention skill, this concern is also eliminated.

Finally, it should be noted that besides providing direct intervention, the mutual aid program can also make available to school districts crisis intervention consultation. This service can be obtained at any time. It would provide guidance on responding to the crises school districts can otherwise respond to independently. Currently, in our county, this consultation service is proposed to be provided by San Joaquin County Mental Health.

Requirements for a mutual aid request. Simply put, direct county-level crisis intervention assistance would only be requested following a mass disaster (e.g., acts of school violence resulting in multiple injuries and/or fatalities). Before requesting mutual aid from neighboring school districts, the requesting district would ensure that all available district resources have been exhausted. This requirement is based on the observation that crises are usually most effectively managed by the staff of the affected school or school district (Brock et al., 1996). In other words, we are recommending that mutual aid assistance be called in only as a last resort. However, we have begun to acknowledge and accept that mutual aid may be needed sooner in some school districts than in others. For example, our smaller districts with fewer support staff may need county-level support sooner than our larger districts. Also, while direct intervention mutual aid would be used sparingly, county-level consultation could be requested at any time. As currently conceptualized, such consultation will in fact be an important step in the mutual aid request process described below.

Mutual aid request and call-out procedures. The procedure for requesting mutual aid currently being considered for use in San Joaquin County uses a county Mental Health Mutual Aid (MHMA) Coordinator, located in the offices of San Joaquin County Mental Health, to facilitate call-out. Specifically, the following illustrates the sequence of events that may result in a mutual aid call-out: (1) A crisis occurs at a school. (2) If the school does not have sufficient resources to manage the crisis event, then it requests school district-level assistance. (3) If the school district does not have sufficient resources to manage the crisis event, then consultation with the county MHMA Coordinator is obtained. (4) If consultation confirms that local resources are overwhelmed, then neighboring school districts would be contacted and asked to provide crisis intervention support.

Initial discussion among participating districts has suggested that proximity to the crisis will determine which school districts are called and asked to provide mutual aid support. However, it is possible that other factors may be considered as well. For example, the district that has recently had to manage a significant crisis of its own may not be asked to provide mutual aid support, even though it is closest to a given crisis. Similarly, the district that has recently already provided mutual aid support to a neighbor may not be among the first asked to respond to a new incident.

To facilitate the call-out of mutual aid support, the county MHMA Coordinator will have a list of district crisis response coordinators for each participating school district. A simple record form is used to record basic information about the crisis and contact information. Of course, 24-hour phone numbers and/or pager numbers will be specified and alternates identified in case a district coordinator is not available. Once contacted, each district-level crisis response coordinator will inform the county MHMA Coordinator of the resources available. The MHMA Coordinator will in turn give directions on how to get to the affected school and to whom crisis interveners are to report.

Each supporting district will be responsible for determining which staff members they feel are most qualified to provide mutual aid support. In San Joaquin County it has been initially agreed that we will trust each other to know what staff members will be most helpful when responding to a given crisis. However, our initial discussions have set some general guidelines. For example, we would not typically send a high school counselor to work with the students of an elementary school. Also, certain minimum standards have been explored for what level of crisis intervention training should be expected from mutual aid crisis interveners.

Mutual aid crisis intervener qualifications. In San Joaquin County the minimum training standards for mutual aid crisis interveners are proposed to include completion of *School Crisis Counseling* and *Suicide Intervention* workshops. The former workshop has been developed by the author and his colleague, Sharon Lewis. Currently a one-day workshop, there are plans to expand School Crisis Counseling to a full two days. Briefly, this workshop reviews crisis theory, crisis preparedness, and provides training in specific crisis intervention techniques (including psychological triage, and group and individual crisis intervention strategies). The Suicide Intervention Workshop (Ramsay, Tanney, Tierney & Lang, 1996) is a two-day training designed to provide participants with the competencies needed to identify risk of suicidal behavior and prevent self injury. San Joaquin County is fortunate in that these are existing workshops currently provided by the County Office of Education at least annually. As a result, a significant number of potential mutual aid crisis interveners have already participated in these workshops.

It should also be mentioned that all mutual aid crisis interveners will be credentialed (or certificated) personnel. Typically, these individuals will be district psychologists, counselors, social workers and/or nurses. However, as crisis intervention is a form of psychological first aid (not a professional mental health intervention), with the proper training, mutual aid crisis interveners may include teachers and administrators. Crisis interveners may also include licensed staff from the office of San Joaquin County Mental Health, all of whom already have a high level of crisis intervention training.

Limits of mutual aid support. A topic currently under discussion is how long a school district could be expected to have selected support staff committed to another school district following a given crisis. Young (1998) recommends that this type of mutual aid should last about three days. If crisis intervention support is needed for more than three days, it may need to be obtained from another district. As for the long-term treatment many survivors of disaster need, other resources will need to be identified (e.g., state and federal resources). The mutual aid program described in this article is designed to facilitate the immediate crisis intervention response. It is not designed to provided crisis therapy.

A related issue we have yet to consider is how often in a given school year a school district could be requested to send mutual aid crisis interveners to another district. The author recommends that, unless otherwise agreed upon, a district should not be expected to send staff to another school district more then once per year.

Future Steps

As described above, initial discussion regarding the San Joaquin County mutual aid program has already taken place. While much has been accomplished, significant work remains. Perhaps most importantly a "memo of understanding" between participating districts needs to be written and agreed upon. This memo will formalize the discussions held to date and establish requirements for program participation. These requirements will include completion of school safety plans (which include crisis response procedures) by all schools within participating districts. Such planning is required by California's State Department of Education. Thus, it has already been completed by most districts. Additional requirements may also include agreements to ensure that a specific number of district staff members have completed crisis intervention training. The author anticipates that this number will vary according to the size of the district (i.e., larger districts will be required to have available more trained crisis interveners than smaller districts).

Finally, it needs to be pointed out that even after the mutual aid agreement is formalized, our work will not be done. The mutual aid agreement cannot be allowed to sit on a shelf collecting dust. It is anticipated that mutual aid will be used infrequently. Thus, there will be a need to meet periodically and make sure the mutual aid agreement is still viable. Initial discussion has suggested that crisis drills may be a strategy used to ensure that the mutual aid program has an adequate degree of readiness.

Concluding comments. The San Joaquin County proposal for school crisis intervention mutual aid is still in a relatively early phase of development. However, it has had a very promising start with most districts in the county participating in program development. Even though it is not yet operational, the author feels that it has great promise and that other communities can learn much from its example.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Death: Dealing with Crisis at School

Practical Suggestions for Educators

Adapted from the Departments of Psychological Services, Counseling and Student Support Services, Cypress-Fairbanks ISD, Houston, TX

Background

National statistics indicate that approximately one out of every 1500-2000 students die or is killed each year, with the incidence of deaths being highest for the high school population. The most frequent causes of student deaths are accidents, homicide and suicides. The Center for Disease Control (CDC) statistics from 1994 indicated the following causes of deaths among young people under age twenty:

4000 motor vehicle deaths

4000 homicides

3800 suicides

The CDC statistics also indicate that approximately 50 homicides or suicides happened on school grounds or on the way to school in 1995.

Unfortunately, at some time all educators will deal with the death of a student or colleague. It is then essential that school personnel prepare *in advance* so that they can respond in a timely and supportive manner that leads to constructive resolution for all students and staff.

Notification and Announcement Procedures

- **Get the facts!** Verification is very important and administrators should contact the family of the deceased and/or authorities to get the facts before providing postvention. Give everyone the facts as quickly as possible to dispel rumors. Please verify that the student or staff member is deceased and not being maintained on life support systems. Age-appropriate language should be used. Acceptable sources of verification are: 1) School personnel who witnessed the death notification from the family of the deceased. 2) Notification from law enforcement agency.
- **Get help!** Contact the key district administrators for assistance, and do so as quickly as possible. The administrators will also be helpful in interacting with the media. If the death was a suicide, it is essential that central administrators have input into postvention planning.
- **Establish a calling tree:** A calling tree should be utilized to notify district level personnel as well as building staff in the location where the deceased attended or worked. The calling tree can be used to notify all school personnel that a faculty meeting will be held before school to outline postvention plans. If the death occurs during non-school hours or during vacations, this process allows staff members to work through their own issues before they assist their students.

If a death occurs when school is in session:

1) **Hand deliver a memorandum to all teachers.** The most frequent recommendation is to give all teachers the facts about the tragedy and instructions to share the information with their students, as well as suggestions for assisting students. This memo can also invite all staff to a faculty meeting after school. The majority of students should stay in their classroom. Only those closest to the victim or those with tragic life situations of their own should be sent to the school's support personnel.
2) **Use the public announcement system.** The administrator is urged to carefully plan and rehearse what he will say. Choice of words, voice tone and inflection are very important and set the tone for management of the tragedy.

Parent Notification

It is very important to inform the parents of students at the school affected by the death that a death has occurred. There is a balance between providing enough information to dispel rumors and protecting the privacy of the deceased. It is recommended that a fact sheet or letter be sent to parents, either by mail or sent home via students. This letter, in most cases, *would not* contain the name of the deceased, especially when the death involves a student. The name would be used in communications within the school to the faculty, and in most cases with the students. The letter sent home would contain a brief description of the cause of death when the facts are known, but would avoid unnecessary details.

School personnel, especially those who have direct contact with parents either by phone or in person, should be given specific directions about appropriate information to share regarding the death. The letter to parents should encourage them to focus on the needs of their child and not on specific information about the deceased. The letter should clarify what types of services are available at school to help their child cope with the tragedy. This letter should be reviewed by the superintendent or his designee prior to distribution.

Determine the Degree of Trauma

The following questions will help the administrator anticipate the amount of emotional trauma:

- Who was the person and were they a long-time popular member of the school?
- What happened? Murder and suicide are unexpected and violent, and thus more difficult to deal with than, for example, a death from a serious illness.
- Where did the death occur? A death that occurs on school grounds is more difficult to deal with. It is important to find out who witnessed the death and provide them with counseling. Students may also reflect concerns with personal safety.
- What other tragedies have impacted this particular school recently? The latest death will cause other unresolved issues to surface for both staff and students.
- Who was the perpetrator? If the person believed to be responsible for the death is also a member of your school community, it adds to the emotionality.

Roles for School Personnel

There are a number of roles that should be performed by key personnel. It is important to recognize that each person has his or her own unique history with regard to crisis and loss. It is not unusual for old issues to resurface. Each student should be given permission to feel a range of emotions. There is no right or wrong way to feel. Typically, individuals go through a sequence of emotional reactions following a crisis: 1) high anxiety, 2) denial, 3) anger, 4) remorse, 5) grief and 6) reconciliation.

Principal's Role

- Direct intervention efforts
- Be visible, available, supportive and empower staff
- Provide direction to teachers about how much to set aside the curriculum. Tests should be postponed in some classes.
- Communicate with central administration and other affected schools
- Contact family of the deceased
- Inform staff and students about funeral arrangements
- Ensure that memorials are appropriate

Counselor's/School Psychologist's /Social Worker's Role

- Be available
- Cancel other activities
- Locate counseling assistance (check community resources)
- Provide individual and group counseling
- Contact parents of affected students with suggestions for support or further referral
- Follow the schedule of the deceased and visit classrooms of close friends
- Support the faculty (provide counseling as needed)
- Keep records of affected students and provide follow-up services

Teachers' Role

- Provide accurate information to students
- Lead classroom discussions that focus on helping students to cope with the loss
- Dispel rumors
- Answer questions without providing unnecessary details
- Recognize the varying religious beliefs held by students
- Model an appropriate response
- Give permission for a range of emotions
- Identify students who need counseling and refer to building support personnel
- Provide activities to reduce trauma, such as artwork, music and writing
- Set aside the curriculum as needed
- Discuss funeral procedures

What if the Death was a Suicide?

If the death was a suicide, post-vention procedures outlined by the American Association of Suicidology (AAS) should be followed, in addition to the recommendations above. The tasks of post-vention are twofold: 1) to reduce the chances of anyone else committing suicide by avoiding glamorization of the deceased and 2) to assist staff and students with the grieving process. Post-vention activities provide an opportunity to teach students the warning signs of suicide so that further suicides can be prevented. It is also important that school personnel receive training to recognize symptoms of depression and warnings of suicide ideation among students well before a crisis occurs. The main recommendations of the AAS include the following:

- Don't dismiss school or encourage funeral attendance during school hours
- Don't dedicate a memorial to the deceased
- Don't have a large school assembly
- Do give the facts to the students
- Do emphasize prevention and everyone's role
- Do provide individual and group counseling
- Do emphasize that no one is to blame for the suicide
- Do emphasize that help is available and that there are alternatives to suicide
- Do contact the family of the deceased

Resources

American Association of Suicidology, Suite 310, 4201 Connecticut Av NW, Washington, DC 20008.

Dwyer, K., Osher, D., & Warger, C. (1998). *Early Warning, Timely Response; A Guide to Safe Schools*. U.S. Department of Education.

National Association of School Psychologists, National Emergency Assistance Team (NEAT), 4340 East-West Highway, Suite 402, Bethesda, MD 20814 (301) 657-0270. Web Site: *<http://www.naspweb.org>*

National Organization for Victim Assistance (NOVA), 1757 Park Road, Washington, D.C. 20010; 1-800-TRY-NOVA.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Violence Prevention and Crisis Intervention: Planning at the Local, State and Federal Level

by Jennifer Kitson, NCSP
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During the previous school year (1997-98), as the incidents of school violence and the resulting media attention continued, I considered (as I am sure many of you did) the potential implications and impact to our local district. Anticipating concerns and responses from parents, community members, school officials, administrators and staff, as well as potential legislative initiatives at both the state and federal level, it seemed important to develop a plan of action for promoting good practices with regard to violence prevention, intervention and crisis intervention. After consulting with the ten school psychologists and the Director and Assistant Director of Special Education in our cooperative, the decision was made to enlist the support of the counselors and administrators in the school district to focus efforts on violence prevention/intervention for the 1998-99 school year.

Current Practices

I began by examining current practices I have implemented in the schools. As a practicing school psychologist in a rural area, I am assigned to two elementary (K-5) schools with a population of approximately 500 students. The administration, staff and parents are supportive of school-wide implementation of anger control, conflict resolution/mediation and problem-solving programs. Components of several resources are utilized, and a common terminology is used.

Fifth grade students are trained and self-selected to be mediators for those students in the school requesting the mediation process. Teachers encourage students to try the conflict resolution problem-solving skills (when they have a conflict or other problem in working with others) on their own first before asking for a mediator. Problem-solving is emphasized not only in social situations of conflict, but with academic and personal problems as well. Students learn that they can successfully manage problem situations with minimal guidance from adults and can ask for help when not successful. Additionally, last year I provided evening sessions for parents and their children to learn and practice skills of conflict resolution, utilizing the same model of peacemaking emphasized at school. Funds for the parent-child training were provided through a Safe and Drug Free Schools mini-grant.

Finding Resources

Next, I searched for resources to provide further support for the implementation of good practices. In July I participated in a NASP-sponsored training of the NOVA model of crisis responding, presented by NOVA Executive Director Marlene Young. While at the training, I learned of NASP's involvement in developing the document *Early Warning, Timely Response: A Guide to Safe Schools*, with plans for distribution from the U.S. Department of Education to every school in the country in September. It was my hope that school personnel would use the guide to promote prevention activities and to communicate with staff about the early warning signs and steps for early intervention (as opposed to simply focusing on punishment and finger-pointing). Further, it seemed critical to relate to staff, students, parents and community the importance of responding quickly to those students exhibiting more serious warning signs by planning for and providing needed support and help. I subsequently communicated information regarding the NOVA training and the Safe Schools document to the school district

Superintendent and Deputy Superintendent as well as to the coordinator of the Safe and Drug-Free Schools consortium of nineteen school districts in our area.

I continued to seek opportunities for obtaining further information and resources. The NASP Central Region meeting held in late November (1998) offered a presentation from the NEAT team chair, Scott Poland, and the NEAT Regional Facilitator, Kris Sieckert. They provided practical information and stories from their experiences in consulting with and supporting schools regarding violence and crisis intervention. Workshops were scheduled for the NASP convention in April (1999), as well.

Planning Activities

Upon returning to work in August (1998), I spoke at a meeting of all district administrators to obtain support for district-wide training and planning. In addition, as one of the Safe and Drug- Free School Coordinators, I presented information regarding crisis planning and responding and led a discussion about effective utilization of the Safe School Guide to representatives from the nineteen school districts in the consortium.

With the endorsement of the school district Superintendent, plans were then made for a series of sessions with district administrators, counselors and school psychologists in order to share the information on the NOVA model of crisis responding and the Guide, as well as to address prevention activities, to suggest interventions for students exhibiting early warning signs for violence, and to review necessary components of building crisis plans. The following is a list of district planning activities related to the issues:

a) Review and update building level violence prevention and intervention activities, including building level student assistance teams;

b) Review, update and revise building crisis plans, including plans for training of all staff and routine drills;

c) Review building level discipline plans to reflect prevention/intervention efforts;

d) Discuss plans for involving students, parents, and community in the efforts of violence prevention and intervention

We are fortunate to have other district employees actively involved in violence prevention/intervention training. In late September, the high school principal was one of twelve principals nationwide participating in a crisis management training in Oregon as part of the inaugural Principals Emergency Response Team (PERT) and the Director of Public Information attended a workshop on violence and crisis planning and responding sponsored by the Kansas Association of School Boards.

As of February 1999, the district group with representation from all buildings has reviewed the NOVA model of crisis responding and the Safe Schools document; a district crisis committee has been established to include representatives from each building and discipline; and revision of district and building crisis intervention plans are to be completed by the end of the month. A subcommittee of the district school psychologists and counselors is currently revising the crisis postvention resource manual, to be used by the building crisis teams in the aftermath of a crisis. The committees will continue to meet frequently throughout the year to explore the previously listed issues.

A related issue of concern in our school district concerns the need to develop a policy for compliance with a 1998 amendment to a Kansas statute regarding school safety and security. The statute requires school employees to notify administrators and administrators to notify other school employees when they have knowledge of students who are expelled for conduct which endangers others, for possession of weapons or for felony offenses, as well as students who have been adjudged to be a juvenile offender. As a member of the district committee charged with recommending a policy to the school board regarding implementation of this law, my concern has been for confidentiality in notification procedures and for a need to focus on and plan for student needs, as opposed to simply notifying staff of those identified students.

Training Activities

This fall I provided training to staff in my assigned buildings regarding crisis intervention plans and drills and the Guide to Safe Schools document. Methods for providing plans and support for students exhibiting early warning signs as well as imminent warning signs were considered and will continue to be explored and discussed.

In addition to continued implementation of the problem-solving and conflict resolution/mediation practices in my assigned school, a special education teacher and I are conducting training sessions in self-advocacy to all fifth grade students in the school. The goal for the students by the end of this school year is to lead discussion at the parent-teacher conference and/or the transition/IEP meeting prior to transitioning to middle school. All students will identify personal strengths, weaknesses, and needs in academic and social areas, address previous goals and identify what he/she did to successfully accomplish the goals, and identify new goals and methods for achieving them. An emphasis will be placed on communication with teachers and parents to ask for needed assistance or support to achieve the personally set goals.

In November 1998, I spoke with both the Site Council and the PTA board of my school about our efforts to work on updating the crisis plan and about the violence prevention and intervention described in the Safe Schools Document. Handouts of the checklists from the document were discussed. They encouraged me to speak to parents of our school at a future PTA meeting and school open house, but no date has been formally set. At their request, information will be included in the monthly newsletters mailed home to each parent.

In an effort to obtain support and involvement of community agencies, in August I contacted the local mental health center staff to inquire about interest in sharing resources and obtaining support for violence prevention, intervention and crisis intervention initiatives. In December, I met with the three community outreach therapists from the High Plains Mental Health Center (which serves eighteen counties of Northwest and North Central Kansas). These therapists generally respond to school requests for support in the event of a traumatic incident. Discussions included my training from NOVA and from the NEAT team as well as the Safe Schools document. The mental health center and a special education cooperative in western Kansas are sponsoring a workshop in April for school psychologists, counselors and administrators from the eighteen counties served by the mental health center, with the focus to be on crisis planning and intervention. They hope to have over 100 participants. I have been asked to assist the three therapists in facilitating the training, and to include information from the Safe Schools document.

I was asked by our school superintendent to speak with the local Rotary Club in January 1999, to discuss crisis intervention and the Safe Schools document with an emphasis on prevention and early intervention activities. The presentation was well received and questions and comments reflected an interest in identifying methods for providing support.

A colleague and I, along with the principal trained for PERT, were invited to present a workshop in early February to the Principals' Center, a meeting of principals from twenty school districts in the consortium. The presentation provided practical examples for implementing effective prevention, crisis intervention and postvention plans as well as include information from the Safe Schools document.

In addition to local efforts, I also considered the impact at the state and federal level. As a member of a committee established by the Kansas Association of School Psychologists (KASP) focusing on violence prevention, intervention and crisis intervention, in the fall I provided information regarding crisis planning and responding as well as leading a discussion about effective utilization of the Safe School Guide. After collating results of the school violence prevention and crisis intervention needs survey completed at the fall Kansas CEC/KASP conference, the committee plans to submit a formal request to KSDE for funding and support of training throughout the state. The training would include crisis intervention and the Safe Schools document and methods for encouraging implementation in schools. A verbal confirmation of interest from a member of KSDE has already been obtained. Additional efforts of the committee will focus on collection and distribution of resources related to violence prevention and intervention and crisis intervention, and creation of a state crisis response team.

Legislative Activities

As a result of communications and legislative updates received from the SPAN listserv of NASP and as Co-Chair of NASP's Government and Professional Relations (GPR) committee, I also considered the need to discuss with elected officials the legislative initiatives related to school violence and the mental health needs of children. I have communicated with state and federal legislators regarding current legislation and the implications for children, both when the legislators were in their home districts as well as in Washington, D.C. Discussions included concerns about excluding students from educational opportunities and the need to provide interventions and alternative educational settings. I provided examples of the current efforts in our school district and the success of the alternative school setting in our community which is a joint venture of the school district and the local mental health center.

Congressional representatives were encouraged to consider increased funding for implementing IDEA '97 and for mental health care funding and school violence initiative programs provided in schools, as well as to consider prevention and intervention programs for juvenile delinquents. Concerns with the damaging impact of suspension/expulsion practices and the need to consider the provision of other alternatives for both regular education and special education students were discussed. Legislators were encouraged to consider the upcoming reauthorization of ESEA with regards to serving the needs of diverse populations and at-risk students as well as the need to link instruction with school-based intervention to promote a safe and productive school environment.

Join the Effort!

Although there is still much work to accomplish in an effort to respond to the issues related to school violence, I encourage each of you to take the initiative to communicate with and encourage administrators and staff in the schools to utilize *Early Warning, Timely Response: A Guide to Safe Schools*, published by the U.S. Department of Education, as a direction to develop prevention, intervention and crisis intervention action plans in your schools.

Jennifer Kitson, NCSP, is a school psychologist in Hays, Kansas, Co-chair of the NASP Government and Professional Relations Committee and a NASP Central Region Director. This article is updated from "Violence Prevention and Crisis Intervention: Planning at the Local, State and Federal Level," originally published in the November 1998 issue of Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Essential Skills for Crisis Responders

by Ted Feinberg, Ph. D., NCSP
North Colonie (NY) Schools
Northeast Region NEAT Facilitator

While there are those who actively participate in responding to small and large-scale crises in their professional and volunteer roles, it is clearly not for everyone. Preparation and training are essential to perform the multitude of required tasks, but what may be of critical importance is the individual's own "emotional make-up" to handle the tasks of crisis/disaster intervention. Wilson and Sigman (1996) suggest that mental health staff must have the knowledge and skills to be effective in crisis situations. They:

- Remain focused.
- Function well in confused, chaotic environments.
- "Think on their feet" and have a common-sense, practical, flexible and often improvisational approach to problem solving.
- Are comfortable with changing situations and able to function with role ambiguity, unclear lines of authority and in a minimum of structure.
- See problems as challenges rather than burdens.
- Exhibit initiative and stamina as well as self-awareness.
- Monitor and manage their own stress.
- Work cooperatively in a liaison capacity.
- Are aware of and comfortable with value systems and life experiences other than their own.
- Eagerly reach out and explore the community to find people needing help, instead of taking a "wait and treat" attitude.
- Enjoy people and do not appear lacking in confidence.
- Comfortably initiate a conversation in any community setting.
- Are willing and able to "be with" survivors who may be suffering tragedy and enormous loss without being compelled to try to "fix" the situation.
- Have special skills to match needs of the population, i.e., special expertise in working with children and the local schools. If there are many elderly persons in the community, the team should include persons skilled in working with older adults.
- Show sensitivity to cultural issues and are familiar and comfortable with the culture of the groups affected by the disaster.
- Provide services that are culturally appropriate. Ideally, mental health workers will include individuals indigenous to specific cultural groups affected by the disaster.
- Are fluent in the languages of non-English speaking groups affected.
- Establish rapport quickly with people with diverse backgrounds.
- Are action- oriented especially with the pace of crisis intervention.
- Handle the sights and sounds of physical trauma.
- Are adept and creative.

- Show patience, perseverance, and an ability to function without seeing immediate results.
- Are multi-disciplinary and multi-skilled.
- Have experience in psychiatric triage, first aid, crisis intervention and brief treatment.
- Understand crisis, post-traumatic stress and grief reactions.
- Comfortably provide services in nontraditional community-based settings.
- Acquaint themselves with the functions and dynamics of the community's human service organizations and agencies.
- Have excellent communication, problem-solving, and conflict resolutions skills.

School psychologists have many of these pre-requisite skills and, with the active support of the NASP leadership as well groups like NOVA, the Department of Justice, American Red Cross and the Department of Education, we will continue to offer vitally important support to schools, families and communities affected by crises throughout the United States.

Reference

Wilson, K. & Sigman, P. (1996, February). *Guide to disaster recovery program design and implementation: The Missouri model — putting the pieces together.* Missouri Department of Mental Health.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Cultural Perspectives on Trauma and Critical Response

Adapted by Kris Sieckert, NCSP
Oconomowoc (WI) Schools
Central Region NEAT Facilitator

This article is a condensed version of Chapter 7 of the National Organization for Victim Assistance (NOVA) Community Response Team Training Manual. It was written by Kris Sieckert with the permission of Dr. Marlene Young, NOVA Executive Director.

Using the *American Heritage Dictionary of the English Language* to define culture, we find the following: "The totality of socially transmitted behavior patterns, arts, be-liefs, institutions and all other products of human work and thought characteristic of a community or population." In other words, cultures are a means for sharing wisdom and skills that are necessary to the survival of the community, the individual and the community area of humanity. Therefore, our culture shapes how we identify and interpret the threat of traumatic events and how we manifest our distress in response to these events.

Cultural Identities

It is important that crisis responders attempt to understand their own cultural identities as they reach out to serve others. NOVA identifies the following as sources of cultural identities:

- Nationality
- Religion
- Income
- Age
- Education
- Sexual Orientation
- Rural/Urban
- Mental/Physical Abilities
- Gender
- Profession
- Ethnicity
- "Location in Life"

NOVA also identifies the following concepts and attitudes shaped by culture:

- Birth
- Communitarianism
- Marriage
- Ambition
- Death
- Acquisitions
- Male/Female
- Power
- Language/Dialect
- Wealth
- Spirituality
- Children
- Individualism
- Elderly
- Homosexuality
- Dress
- "Differentness"

Crisis responders are encouraged to use the lists to identify important sources of cultural identity in their lives, to initially access the cultural backgrounds of individual victims or groups they serve, and to find significant commonalities in order to establish a basis of communication.

Interpreting Traumatic Events

Culture influences what type of threat is perceived as traumatic and how we interpret the meaning of the traumatic event. Culture also influences how individuals and communities express traumatic reactions. While reactions to trauma seem to be common throughout all cultures and based in the physiology of human beings, manifestations of responses may differ significantly. Culture forms a context through which the traumatized individuals or communities view and judge their own response. If people think that the society around them will not accept them as victims, there is a tendency to withdraw and be silent. Culture may affect the response of immediately "non-traumatized to trauma" and the traumatized. This is a critical issue for many people who are victims. Their own culture or the culture in which they exist may reject or stigmatize them and may be perceived as an additional injury. Cultures may help define healthy pathways to new lives after trauma. The routines and traditions may aid survivors of a tragedy in feeling re-oriented or rendering life predictable.

Trauma and culture are particularly complicated today. Multiple identifications require complex reasoning for negotiating the environment. With an increase in life stress and a decrease in the capacity to screen and moderate the impact of a trauma, cultural traumas can be transmitted across time and generation as a bond for survival.

Accommodating and Integrating Cultural Standards

Prior to cross-cultural work, education is needed about a culture's routines, traditions and impact of family relationships. Be prepared to accommodate and integrate such cultural standards into crisis response work. Attention should be paid to the following issues:

- Geography, climate and environment
- History of a culture
- Language of culture
- Routines and rituals of culture

No matter what the preconditions to introduction to other cultures, caregivers should be prepared to convey respect and good will:

- Say "Hello" and request the opportunity to talk with people.
- Acknowledge differences and apologize for discrepancies between your behaviors and the people with whom you are talking.
- Be aware of your own cultural biases and try to be non-judgmental with those with whom you interact.
- Always say "please" and "thank you" when appropriate; always request permission to do things.

Protocol for Crisis Work Across Cultures

Orientation to caregiving interventions:

- Participate in access rituals. These often involve ceremony, food and expressions of good will.
- Explain purpose of intervention and the need for reciprocal questions. Many cultures find questions intrusive. Yet, for the caregiver, they may be essential in the establishment of understanding. Questions and answers are often the only way to clarify differences in language, customs and unconscious behaviors.
- Express an appreciation and respect for the culture's strengths in coping with trauma. Every culture has means to deal with trauma and can explain those means. Their understanding of trauma and its implications is inherent in their eventual integration of a tragedy into their lives.
- Express a willingness to learn about the ethnic group involved. One method to convey this is to ask, "If I were a victim of this trauma, how would you expect me to deal with it?"
- Acknowledge your limitations and differences. These may include the inability to speak or understand the language, confusion over certain customs or rituals or spiritual understandings.

- Establish your competence in understanding trauma's impact whether or not you understand the traumatic impact of an event or the meaning of that impact.

Practical Problems:

- Deal with immediate environmental problems such as financial loss, secure shelter, family conflict, etc. that the individual is having difficulty handling by himself.
- Build trust.
- Assist the survivors or victims with financial resources or compensation, if possible.
- Help the survivors focus on something tangible that they can accomplish over the next few days.

Crisis Intervention with Cultural Focus:

- Search for the meaning of suffering and pain relevant to the dominant cultural group involved.
- Search for the meaning of death in the culture.
- Search for the meaning of life in the culture.
- Make an effort to acknowledge your limitations with language or other communication concerns, and ask the survivors to tell you if you say something wrong or do something offensive.
- Ask survivors to tell their story and talk to them about the crisis reaction.
- Ask survivors if their families should be present during discussions or if they would like to have clergy members present.
- Ask survivors if they would like to go to a place of worship or if there are any ceremonies or rituals that are particularly directed at crisis in their culture.
- Ask survivors to describe what they would like you to do to be of assistance to them and then tell them truthfully what you can or can't do.
- Useful cross-cultural interventions include: reduction of isolation, relaxation techniques, meditation, education about crisis in culturally relevant terms, helping individuals to develop control, increase self-esteem and self-regulation.
- Be aware of culturally specific communication techniques such as the use of eye contact, the integration of food and drink in discussions, the pace of conversation, body language and so forth.

Hints for Helping:

- Dress appropriately: Men should wear suits and women should wear dresses in most cultures. An outside team of crisis responders may convey their respects through respectful clothes.
- Establish commonality with survivors through access rituals and mutual interests: Eat what is offered; drink what is offered. Ask about family, friends, pets, plants and loved ones.
- Search for linguistic equivalency even if you do not know the language of the culture.
- Greet and say good-bye to survivors in their own language.
- Allow survivors to direct you through cultural protocols and follow their directions.
- Participate in defined ritual, as allowed or requested.
- Apologize when you do something wrong.
- Clearly define your objectives and give references of specific other situations that are similar to this one in which you were helpful.
- Find out and use appropriate body language.
- Bring a gift of commemoration.
- Be aware of spiritual beliefs in the culture.
- Ensure that written communications are either in the appropriate language or are linguistically and structurally correct to facilitate translation.

Resource

Young, M. (1998). *Community response team training manual* (second edition). NOVA: Washington, DC.

Kris Sieckert, NCSP, is a school psychologist in Oconomowoc, WI and Central Region Facilitator for NASP/NEAT. She worked with the NOVA/NEAT Team in Springfield, OR after the school shootings there in May 1998. This article was previously published in the November 1998 issue of Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Emotional First Aid

A School's Guide to Crisis Intervention

by Servio Carroll, Ed.S., NCSP
Sheridan (WY) School District No. 2

Overview

A crisis happens when one's coping mechanisms are overwhelmed by a situation. This inability to cope is a potentially dangerous situation because, as our stress levels rise, our excitability and impulsivity increase and our coping mechanisms and behavior options sharply decrease. Crises usually happen following large changes or losses in a person's life. Potential crisis situations are separation from meaningful relationships (like in death or divorce), flunking out of school, moving to a strange town, birth of a new child in the family, loss of security, loss of freedom, etc. Crises are normal occurrences in everyday lives and most people experience and successfully cope with these situations. The experience strengthens one's ability to handle future similar situations.

The ability to help people in distress is not the exclusive property of mental health professional. We have been successfully dealing with crises (both our own and our acquaintances') for many years, and have developed useful ways of dealing with these situations. Since in most cases we will encounter the distressed individual long before "professional" help is available, this Guide was created to give you the basics of Emotional First Aid. Don't be surprised if you find that some of the suggestions sound like "common sense."

Helping the Individual in Crisis

People in crisis act differently than normal. Depending on the crisis event and their coping ability, the changes may come about slowly, suddenly or be delayed. If you know the person in crisis, you will recognize they are not acting as usual, but be unsure as when to intervene. Most of us find this intervention uncomfortable and shy away from the person, with a wealth of rationalizations. Whether this is right or wrong, it's culturally accepted. However, shying away is much more difficult to do when an unexpected and sudden event takes place. ...and you are there! So what can you do to help bring equilibrium to the situation and help others regain their emotional balance?

1. **Make Contact**. It is important to make physical or emotional contact with the person in crisis. Depending on your relationship with the person, you might touch, shake or hold their hand, make eye contact, offer or accept a soda, cup of coffee, etc.
2. **Suspend Judgment.** When trying to understand the person in crisis it is helpful to listen in a special way — that is listening without judging or placing expectations on the person. Since the person may be afraid of gossip, assure him that what is discussed will remain confidential. Some questions you might be asking yourself are: How does the person actually handle a crisis? Whom does she usually go to? What kind of supports does he have?
3. **Clarify the Problem.** People in crisis are often so nervous and disorganized that they are unable to be objective and define what the problem is. You may be able to help clarify the problem.
4. **List Choices.** A person in distress is often unable to see the alternatives available. You may be able to help the person list specific options available.
5. **Encouragement.** Sometimes a person in crisis will be "stuck" or "spinning their wheels," unable to make any progress. He might need encouragement to take some kind of action or to make a decision that would start the coping process again. This does not mean that you should make decisions for other people but that the person in crisis may need a little push to make her own decision.

6. **Give Information.** One of the most important services you can provide to many people is information on resources available in the community. Information about visiting nurses, legal aid, food cooperatives, YMCA, YWCA, social clubs, welfare, etc. if often unknown to many people. You can act as a link or advocate to these resources.

Previously published in Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Memorials: Guidelines for Educators and Communities

by Cathy Paine
Springfield (OR) Public Schools

School memorials or memory activities serve an important function in the grief process for students and staff. A memorial promotes the healing process by providing an opportunity for students to join together and participate in a ritual. The memorial may take many forms, from a simple tree planting to a more traditional "service." In addition, a school memorial brings closure to a period of grieving and serves as a clear statement that it is time to move on with regular school activities. Memorials should be planned carefully considering the following guidelines:

Memorial Services

- Keep the memorial short. Fifteen to twenty minutes for elementary students; thirty to forty minutes for secondary.
- Involve students in the planning of the memorial, particularly those who were close to the deceased.
- Include music, particularly student performances. Also, play soothing music as people enter to set the mood and maintain calm (particularly important at the middle school level).
- Preview the service with students beforehand. This is not a normal assembly, so prepare students as to what will happen and how they should behave. (Remove anyone from the service who is acting inappropriately.)
- Have several brief speakers. If students have written poems or other tributes, students themselves or staff can read samples. Practice, practice, practice.
- Invite family members. However, recognize that they may choose not to come.
- Involve all students as much as possible. To the extent that is appropriate for their age, have each class make a poster or banner that they bring to the memorial and hang on the wall.
- Use symbols of life and hope. Balloons or candles can be used very effectively to promote a positive, uplifting message that acknowledges the sadness yet is hopeful for the future.
- Have all students and staff attend (unless a parent has a specific objection). It is a powerfully unifying experience for a school, and it sends a message to students that each person is important in the school and deserves to be honored.
- Provide a quiet activity for students who do not attend, or dismiss them.
- Have students return to their classrooms for a short time after the service. This allows them the opportunity to talk with one another and/or talk with a counselor. "Support" rooms work well for students who are experiencing more significant signs of grief.
- If the death was due to suicide, a public memorial is not advised.
- Plan the activity to occur within a week of the death if possible.

Permanent Memorials

- Do not rush into the completion of a permanent memorial. Time and emotional distance from the incident often brings insight into the design.
- Students should be involved in the planning and design of the memorial, and it is important to establish who will make the final decision. Define the roles of students, staff, administrators, parents and community members in the process.
- Carefully consider the location of any permanent memorial. It should be placed in a location where students can choose to look at it but it should not confront the students every time they enter the school. (Advice of Dr. Robert Pynoos, Director of Trauma Psychiatry Services at UCLA.)

Resource

Young, M. (1998). *Community crisis response training manual.* Washington, DC: NOVA.

Cathy Paine is a school psychologist in the Springfield, OR Schools who worked with the NOVA/ NEAT Team following the Thurston High School shootings in May 1998. This article was previously published in the November 1998 issue of the Communiqué *(volume 27, no. 3).*

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Crisis Response Team Checklist

Springfield (OR) Public Schools

✓	ACTIVITY	PERSON RESPONSIBLE (Identify before a crisis)
___	Verify Facts	_____
___	Contact Staff (phone tree)	_____
___	Convene Crisis Team	_____
___	Identify Family Contact Person	_____
___	Arrange for Substitute Teachers	_____
___	Write Announcement to Students	_____
___	Morning Staff Meeting	_____
___	Set up Safe Rooms	_____
___	Distribute Suggestions for Classroom Discussion	_____
___	Notify Students	_____
___	Provide List of Readings and Materials to Teachers	_____
___	Write and Send Letter to Parents	_____
___	After-School Staff Meeting	_____
___	Parent/Community Meeting	_____
___	Plan Memorial/Remembrance	_____
___	Post Intervention Debriefing	_____
___	Follow-up with Students	_____

–Thanks to Cathy Paine, Springfield, Oregon school psychologist, for providing this checklist.

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Crisis Follow-up Activities

Springfield (OR) Public Schools

Following a crisis intervention, staff, students and team members often feel exhausted and wish things could just return to "normal." The community of the school, however, has frequently been permanently affected both by the loss and by the experience of witnessing the grief of the students. *It is critical that school personnel recognize the long-term impact of a death and provide support for both staff and students. Discipline problems often result from grief/loss issues which students do not deal with during follow-up.*

One - Two Weeks Following the Incident

For Staff:

- Convene the Crisis Response team to discuss and evaluate the intervention. Invite all persons who participated in the intervention, including outside building counselors who assisted in the Safe Room. This debriefing should be led by someone who is trained but was not part of the intervention.
- Provide at least one session with the entire staff to review grief dynamics and allow staff to share their feelings.
- Review the crisis response plan and how it worked.

For Students:

- Identify individual students who need follow-up counseling.
- Establish drop-in support groups within the school during lunch.
- Form a six to eight-week grief support group.
- Introduce grief and loss materials into the curriculum.

Recognize that follow-up may need to continue for weeks/months.

— Thanks to Cathy Paine, Springfield (OR) school psychologist, for providing this material.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Using a Crisis Telephone Tree

Springfield (OR) Public Schools

The phone tree should be reviewed with all staff each year. Remember to include all staff — bus drivers, cooks, custodians and other support staff — in communication and in as many meetings as possible. Handouts should go to *all* staff.

When you receive a call about a school crisis, it will be important that you relay the information on to the next people on your list. *If a person on your list does not answer, call others on your list. Continue calling anyone who does not answer until connection is made.*

Suggestions for making the call:

- Begin with a statement such as, "I'm sorry to have to call with bad news."
- Ask the person to get paper and pencil to write specifics if they will be calling another person.
- Give the specifics of the event as you know them.
- Give details of the before-school meeting: where, when, that it is required, that further details will be available.
- Remind them not to speculate — just pass on essential information.

The goal is to allow people to become emotionally prepared for the next day, but to keep from starting or spreading any erroneous information. This is very important. Details may get skewed very innocently and easily, so just stick to the facts.

[Insert Your Phone Tree Here]

— Thanks to Cathy Paine, Springfield (OR) school psychologist, for providing this material.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Disaster: Helping Children Cope

A Handout for Parents

by Debby Waddell, Ph.D., NCSP, Columbus, OH
and Alex Thomas, Ph.D., NCSP, Miami University (OH)

Background

Disasters can take many forms. They may weather-related, as in tornadoes, hurricanes, or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

The emotional effects of a disaster on you and your child can be tremendous. One of the difficulties experienced by parents during disasters is that they have not had adequate time to deal with their own reactions when they are called upon to deal with the impact of the disaster on their child. This handout is designed to help you and your child during a disaster.

Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from child to child. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how children (and adults) feel when their lives are disrupted by a disaster.

- *Loss of Control:* By their very nature, disasters are something over which we have no control — if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.
- *Loss of Stability:* Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.
- *Self-centered Reactions:* Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them, to an extent that you think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them.

Stages of reactions to loss: Some reactions to disasters are similar to reactions to other losses or grief. These include denial, anger, depression, bargaining and acceptance. Not every person experiences all of these feelings, and they do not always occur in just this order. A person may feel angry, then depressed, then angry again. How feelings are expressed will vary with the age of the child. A very young child may express denial by refusing to talk about the situation or clowning when others are talking about the disaster. Older children may go to their rooms or insist on going to the mall. Anger in a young child may involve a tantrum and in older child may be manifested as yelling at a parent.

Common stress symptoms: Following a disaster or traumatic crisis event, children — like adults — will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child. If symptoms persist for a long time or seem extreme, parents should seek professional help through the school or community healthcare provider. At different ages, parents can expect:

- *Preschoolers:* thumbsucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in toileting habits

- *Elementary school children:* irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, withdrawl from activities and friends, increased conflict with siblings
- *Young adolescents:* sleep disturbance, loss of appetite, poor school performance, physical complaints (headache, stomachache), conflict with parents, withdrawl from friends
- *Older adolescents:* sleeping and eating disturbances, agitation, lack of energy, lessened interest in peers, physical complaints (headache, stomachache), poor concentration, irresponsible or delinquent behavior

Supporting Children During or After a Disaster

Knowing what to say is often difficult. When no other words come to mind, a hug and saying, "This is really hard for us," will always work.

- *Try to recognize the feeling underlying your child's actions* and put it into words. Saying something like "It makes us mad to think about all the people and homes that were hurt by this hurricane," or "I can see you are feeling really sad about this," can help.
- Sometimes children may have an overwhelming fear that they are *unable to put into words*, and you may need to voice for them. For instance, if a friend loses his mother during a flood, you might want to say to your child, "You may be scared that something will happen to me and Daddy (or Mommy) too. We are safe, and the flood waters are leaving, so we aren't going to die from this flood."
- *Be honest* with your child about what has happened and what is happening.
- *Don't deny the seriousness of the situation.* Saying to a child "Don't cry, everything will be okay" does not reflect how the child feels and the child knows that, at least in the immediate future, this is not true.
- *Help your child know what words to use with others.* For instance, if the disaster has resulted in death, the child may feel overwhelmed about what to say to friends at the funeral home. You may need to help by suggesting some simple appropriate words.
- *Plan a practical concrete activity* to help children deal with feelings.
- *Involve children in decisions* about what to do to help restore their sense of having control in their lives. Possible activates include:
  - Collecting money for disaster victims.
  - Planting a tree as a memorial for a death.
  - Designing cards and writing notes to someone involved in the disaster.
  - Drawing pictures and putting up a bulletin board.
  - Writing poems or stories for a class book about the disaster.
- *Inform your children's teachers* about how they reacting and find out what is being done in the classroom to deal with the disaster.
- *Decide how to handle attending funeral* or memorial services if the disaster involves deaths. Whenever possible, parents should take their own children to services. Provide information about the funeral and its structure to prepare children for the experience. Children who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.
- *Allow for the fatigue* which children may experience due to stress and changed sleep patterns.

Long-term Reactions

Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.

Be alert for pathological long-term reactions, which are more severe than those experienced by most children. These might include (1) persistent reexperiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations, (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness — restricted affect, diminished interest in usual activities or (3) signs of increased arousal, such as sleep difficulties, irritability, hypervigilance, disturbances in concentration, or exaggerated startle response.

Find ways to emphasize a return to stability. When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort.

Resources

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— Originally published by NASP (1992); additional material and resources added by Andrea Canter, Ph.D., NCSP (Minneapolis Public Schools) for inclusion in Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Disaster: Helping Children Cope

A Handout for Teachers

by Debby Waddell, Ph.D., Columbus, OH
and Alex Thomas, Ph.D., Miami University (OH)

Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes or floods; accident-related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer, or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

Pre-planning can be done for some of these disasters, as when a death from cancer is anticipated or when weather forecasts warn of hurricanes. Others may be sudden and allow no time for pre-planning. Yet another variable is whether the disaster occurs at school, such as a suicide in the school or tornado during school hours, or outside of school hours, such as a hurricane or automobile accident. All of these factors will undoubtedly affect the specific response to the disasters, but some common elements can be found in responses to all of these situations.

Teachers have two essential jobs in the aftermath of disasters: First, to make plans for the practical aspects of how the disaster will be handled in their own classroom and second, to understand and cope with student reactions. The first of these responsibilities will likely be shared with other building personnel, but each teacher will have to structure the response within his/her own classroom. The second responsibility, coping with student reactions, again will be shared, this time with the parents and individuals such as school psychologist, school counselor or an outside mental health professional. The ongoing need to deal with student reactions during the school day, however, will fall on individual teachers. Determining appropriate steps to be taken immediately upon experiencing a disaster and deciding what to do in the days and weeks that follow is crucial.

Student Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from student to student. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalities exist in how students (and school staff) feel when their lives are disrupted by a disaster.

- *Loss of Control:* By their very nature, disasters are something over which we have no control — if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.
- *Loss of Stability:* Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.
- *Self-centered Reactions:* Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them, to an extent that adults think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them.

Common stress symptoms: Following a disaster or traumatic crisis event, students — like adults — will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child. If symptoms persist for a long time or seem extreme, teachers should consult their building mental health staff (school psychologist, counselor, social worker) and discuss concerns with parents. Profes-

sional help through the school or community healthcare provider might be needed, At different ages, teachers might observe:

- *Elementary school children:* irritability, aggressiveness, clinginess , school avoidance, poor concentration, withdrawl from activities and friends, increased conflict with peers. Parents might report concerns about sleeping difficulties, including nightmares.
- *Young adolescents:* poor school performance, physical complaints (headache, stomachache), withdrawl from friends. Parents might report concerns about sleep disturbance, loss of appetite and conflict between parent and child.
- *Older adolescents:* agitation, lack of energy, lessened interest in peers, physical complaints (headache, stomachache), poor concentration, irresponsible or delinquent behavior. Parents might report concerns regarding sleeping and eating disturbances.

What Can Teachers Do? Immediate Responses

Inform students of the disaster: Typically some school-wide decision is made regarding notification of staff and students. Often the PA system or a message to all teachers is used so the same information is given to everyone at the same time and the spread of rumors is controlled. A death or other intimate event may require a more personal method of imparting information.
A teacher's responsibilities include:

- Ensuring that the information your students receive is appropriate to their developmental level and is stated in vocabulary they can understand. You may need to restate information in several ways so that every student understands.
- Controlling panic among your students. Your calm demeanor and take-charge attitude can do much to control panic. It is okay for students to know that you are upset, for instance by shedding tears over a death. While it will be natural for you to experience emotion, it is important to students that you maintain composure and control of the situation.

Decide about scheduling changes: Decisions about scheduling changes may be made by administrators. However you will have to make decisions about what is to happen in your classroom.

- Generally, returning to a normal routine is appropriate.
- If students seem very unsettled, returning to a normal routine may not be the best choice. Possible immediate responses to disaster include discussing what has happened, clarifying information and facts, and listening carefully.

Intermediate Steps for Crisis Control

Arrange support and counseling for students: Building administrators will probably have made arrangements for support services. Your job is to know how, where, and when to access these services and to channel students in need of these services to the appropriate individuals.

Children particularly affected by the disaster should be carefully observed. They may require extra support and assistance.

Continue to have group discussion time at the beginning of the day. This may be useful in clearing the air of rumors and helping the students get ready for school work.

Plan a practical concrete activity to help student deal with feelings: Involve students in decisions about what to do to help restore their sense of having control in their lives. Possible activities include:

- Collective money for disaster victims.
- Planting a tree as a memorial for a death.
- Designing cards and writing notes to someone involved in the disaster.
- Drawing pictures and putting up a bulletin board.
- Writing poems or stories for a class book about the disaster.

Inform parents about how their children are reacting and what is being done in the classroom to deal with the disaster. A handwritten, dittoed note will suffice in this situation.

Decide how to handle attending funeral or memorial services if the disaster involves deaths. Whenever possible, have parents take their own children to services. If necessary, arrange transportation for a student to a memorial service. If you will be teaching during the service, a parent or another staff member may take the student. (Permission slips may be needed.) The person chosen should be prepared to deal with the student's emotional reaction to the service.

Provide information about the funeral and its structure to prepare the students for the experience. Students who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.

Allow for the fatigue which children may experience due to stress and changed sleep patterns.

- Plan for less intense instructional activities for a few days.
- Introduce snack time for a few days to provide extra nourishment which tired children may need. Room parents or the PTA/PTO may be willing to provide snacks.
- Delay tests which will allow fair evaluation of student performance after stress levels are reduced.

Long-term and Ongoing Intervention

Provide ongoing opportunities to deal with the crisis:

- Let students know there continue to be people available who are willing to listen. Tell them who is available and when and where to find these people.
- Discuss feelings with the entire class or individual children who feel most affected.
- Discuss the disaster in the context of other subjects, e.g. discuss suicide prevention in a junior high health class, discuss weather-related disasters in elementary social studies class.

Provide facts to help allay fears: For instance, if a classmate dies of cancer, facts about prevalence and cures may help students who are fearful when they feel unwell.

Think ahead to effects which might be delayed: For instance:

- Be aware that similar incidents in another location may trigger renewed feelings.
- Plan a special remembrance for the one-year anniversary of the disaster, thereby diverting renewed reaction if the anniversary date is ignored.

Listen and watch for long-term reactions:

- Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.
- Watch for pathological long-term reactions. Pathological long-term reactions are more severe than those experienced by most children and might include (1) persistent reexperiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations; (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness, such as restricted affect, diminished interest in usual activities; or (3) signs of increased arousal, such as sleep difficulties, irritability, hypervigilance, disturbances in concentration, exaggerated startle response.

Find ways to emphasize a return to stability: When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: John Wiley & Sons.

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National Association of School Psychologists

Disasters: Developing A Crisis Response Plan

Guidelines for School Personnel

by Debby Waddell, Ph.D., NCSP, Columbus, OH
and Alex Thomas, Ph.D., NCSP, Miami University (OH)

Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes, or floods;accident-related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer or other deaths due to illness, or bizarre and unusual, as in the case of snipers or a murder. For some of these disasters, pre-planning can be done, i.e., when death from cancer is anticipated or when weather forecasts warn of hurricanes. Others may be sudden and allow no time for pre-planning. Yet another variable is whether the disaster occurs at school (i.e., a suicide in the school or a tornado during school hours) or outside of school hours (i.e., weekend hurricane or automobile accident). All of these factors will undoubtedly affect the specific response to the disasters, but some common elements can be found in all of these situations.

Formulating a Disaster Plan

When disaster strikes, teachers and school staff members immediately need to be ready to cope with their reactions and the reactions of their students. The need to deal with student reactions comes at a time when staff members are still dealing with their own reaction and may be least prepared to think quickly and cope with others' reactions. Nonetheless, this must be done. With some advance planning, this process can be much smoother than if disaster takes you by surprise and no pre-formulated plan is in effect. Once a plan is in effect, adjustments can be made quickly to deal with the specific nature of the current crisis. When formulating a disaster plan, the following ideas may be helpful:

- Determine if your district is small enough to have a single crisis team or if separate building teams are needed, with an umbrella district team for times of widespread disaster.
- Team members should be selected on the basis of each member's expertise.
- Designate a team leader.
- Designate the disaster team or teams. This will likely include administrators, school psychologists, counselors, and other staff members without responsibility for individual classrooms.
- Designate an individual who will deal with the media. This is very important.
- Plan ways of using community resources and network with these agencies or individuals in advance. Potential resources include mental health agency personnel and clergy with special training in counseling.
- Prepare for weekend or after-hours meetings of disaster teams and coordinators, perhaps setting up a phone-tree for quick notification. Be sure to check contract language prior to requiring after-hours involvement, where necessary.
- Determine how PTO/PTA leaders might bring meals for staff members working late into the evening or arrange child care for staff members' children to free them for disaster team efforts.

All staff members should be aware of the disaster plan. Not only teachers, but clerical staff, aides, bus drivers, and maintenance staff need to be apprised of the plan. Including staff members in planning and sharing the plan at a district inservice day or teacher meeting allows time for discussion when stress and pressure are minimal. Another task that can be done in advance of disaster is pre-

paring information on typical reactions to disasters and planning ways for distribution of such information. The teacher and parent handouts accompanying this information are designed for just such purposes. Pairing these handouts with one detailing events and resources in your community is suggested. Such a handout might include:

- Specific, factual information about the event
- Details about how the district is handling the crisis
- Information about contact people within the district including phone numbers
- Information about community resources including phone numbers
- Titles of books pertinent to disasters as well as books dealing with feelings. Ask librarians to use the bookfinder to prepare a list of such books available in your library (school and public) for a variety of topics (death, tornadoes, children and serious illness, etc.). This will facilitate quick access if the list is needed. Preparing such a list may suggest topic areas in which your libraries are weak and allow time for ordering additional materials.

Components of Effective Disaster Plans

Disaster plans can include steps to be taken immediately upon learning of a disaster as well as longer-term plans. The following items might be included:

Immediate Reaction to Disaster

- Determine how staff members and students will learn of the disaster. Provide accurate information to all concerned at approximately the same time to help control the spread of rumors. The PA system or messages to teachers might be used. depending on the nature of the disaster. A death or other intimate disaster may require a more personal manner of imparting information.
- Notify staff members in advance if time allows. Word of a death occurring over a weekend can be spread by phone or at an early-morning staff meeting.
- Target certain parents for special notification. For instance, if a member of an athletic team is killed, phoning parents of other team members might be indicated.
- Decide about scheduling changes: Decide whether to maintain normal schedules or set aside regular scheduling in an all-out effort to deal with the crisis. Obviously this decision will depend on the extent of the crisis and might even vary from grade to grade and from class to class. For instance, if a sophomore commits suicide, that class will probably need more assistance than the senior class. A most important step in any disaster is reopening the school and returning to a normal routine as soon as possible.
- Formulate plans for school dismissal: Typically keeping children in school for the regular school day is best when dealing with disaster. However, if early dismissal is required, parent notification becomes an item of priority.
- There may be occasions when an extended school day is necessary. For instance, if a shooting has occurred and the gunman/women is at large and most of the students walk home from school, dismissing students would be hazardous.
- Plans may need to be made for shielding children and staff from the media. Cordoning children as they are loaded into school buses may prove to be very effective for this purpose.

Intermediate Steps for Crisis Control

- Provide support and counseling for students. Regular instruction will probably need to be suspended while the disaster is discussed. Individuals trained in counseling might target classrooms for their most immediate services where children are most severely affected. Teachers need to know how to get assistance from another professional quickly should the need arise.
- Disseminate factual information about the crisis to parents. The most effective method of provid-

ing factual information to parents may be to prepare a letter to be sent home. Some parents may need to be contacted by phone, especially if their child's reaction to the disaster seems extreme.

- Decide how to deal with funerals or memorial services if death(s) are involved in the disaster. When possible, have parents take their own children to the services. If parents are unable to go, staff members may volunteer to do this. Permission slips may be needed. Successful suicides should not be treated as honored heroes in school assemblies and funeral attendance should, in most cases, be only with parents accompanying the children. At times, school buses may be used. Permission slips may be needed. Plans for make-up work or forgiveness for assignments not completed due to attending the services should be made and discussed with staff members so that a consistent plan is used.

Long-term and Ongoing Disaster Intervention

Provide for on-going opportunities to deal with the crisis. This might include:

- Continue to have additional support staff and outside professionals available to students.
- Make additional resources available to teachers who will be dealing with student reactions daily.
- Think ahead to effects which might be delayed. For example: A similar incident in another location may trigger renewed feelings.
- The one year anniversary of a disaster may provide an opportunity for planning a special remembrance, thereby diverting renewed reactions if the anniversary date is ignored.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: John Wiley & Sons.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Strategies to Support Flood Victims

by Scott Poland, Ph.D., NCSP
Cypress-Fairbanks ISD (Houston, TX)
Chair, National Emergency Assistance Team

One of the key principles of crisis intervention is that the quicker you reach those that are affected, the better. The recent flooding disaster in North Dakota and Minnesota resulted in the closing of many schools. NASP provided some materials to psychologists working in flood areas, although many schools did not reopen this spring and many families were dispersed, sending children to schools in other communities. This made organized intervention and support efforts difficult. Psychologists working in these communities when schools reopen may need additional strategies to support children who are still recovering from the trauma of the flood and its aftermath. Some suggestions from NASP's National Emergency Assistance Team:

- Hold meetings for parents to provide them with an overview of what reactions to expect from their children and specific ideas to help them cope. Academic or behavioral regression are normal reactions, requiring understanding and patience. Parents themselves have been affected by the disaster and may not have time or energy to listen to their children and to let them express their feelings.
- Children need to be given permission for a range of emotions and to understand that there is no "right" or "wrong" way to feel. Each child needs an opportunity to discuss his or her situation and to talk about how the flood has affected them.
- Each individual has his or her own unique history of crisis and loss; it is normal in crisis situations to think about earlier loss. Children who experienced recent trauma or loss prior to the flood should be given more individual attention.
- Children and particularly adolescents need to be provided with opportunities to participate in projects and community recovery efforts.

NEAT plans to develop more materials to help address specific types of disasters. For consultation, please call Scott Poland at (713) 460-7825.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

The Midwest Floods of 1993: Observations of a Natural Disaster

by Ted Feinberg, Ph.D., NCSP
North Colonie Schools (NY)
Northeast Region NEAT Facilitator

While stationed in Missouri, we were making a Red Cross food delivery to one of the more devastated areas. I encountered a very forlorn gentleman sitting on a tree stump, head in hand, looking about as depressed as any human being could be. In my role as a disaster mental health volunteer, I attempted to console this man by engaging him in supportive conversation. He was most appreciative of my "counseling" efforts and pointed to a small white house, about 50 feet away, that was in water up to the second floor bedroom windows. This was his home of 20 years and it had been immersed in stagnant, brown, smelly water for a month. In my attempt to add some lightness to the moment, I suggested he reframe his way of thinking. He might now consider his house and surrounding land as waterfront property which might make it a more desirable selling point. With that suggestion, he looked up at me, smiled and said, " Are you interested in purchasing newly developed waterfront property?"

Floods are the most common and widespread of all natural disasters, other than fires. Most communities in the United States can experience some kind of flooding after spring rains, heavy thunderstorms, or winter snow thaws. Floods can be slow or fast-rising, but generally develop over a period of days. Floods and flash floods occur within all 50 states. Communities particularly at risk are those located in low-lying areas, near water or downstream from a dam. Flash floods usually result from intense storms dropping large amounts of rain within a brief period. They occur with little or no warning and can reach full peak in only a few minutes. Flood water can be extremely dangerous. The force of six inches of swiftly moving water can knock people off their feet. Flash flood waters move at very fast speeds and roll boulders, tear out trees, destroy buildings and obliterate bridges. Walls of water can reach heights 10 to 20 feet and generally are accompanied by a deadly cargo of debris. Cars can be easily swept away in just two feet of moving water.

During October 1993, the NASP *Communiqué* published an article describing my experiences in and around St. Louis, Missouri as a Red Cross volunteer for the massive floods that hit that area of the country. The profound devastation caused by that flood and the images of the families and individuals impacted by this monumental disaster left an indelible imprint on my psyche and a strong desire to continue my professional involvement in crisis intervention.

Jumping ahead several years to the present, I find myself closely connected with several NASP school psychologists, all of whom share my belief that crisis intervention and school psychology are a natural pairing of professional roles and human needs. This article will examine some of the crisis elements that natural disasters such as floods create for children and families, as well as some thoughts and ideas that may be of assistance to any school district besieged by the ravages of floods.

Common and Unique Issues

Brock (1998) discusses the characteristics of potentially traumatic crisis events. These are situations that are seen as extremely negative with the potential to create severe pain, both physical and emotional. They can occur suddenly and unexpectedly with relatively little time to adjust or prepare. Traumatic events can generate feelings of powerlessness and a perception of being out of control as well as the capacity to impact on all aspects of a community's life, regardless of educational background or socio-economic level.

In preparation for this article, I took the opportunity to utilize the Disaster Mental Health Online

Service that enables mental health professionals throughout the country and the entire world to engage in thoughtful computer-assisted dialogue related to the topic of crises and disasters. The questions I placed into cyberspace were as follows: Are there elements in the mental health response to floods that are distinctly different from the way in which people respond to other natural disasters? Do floods, as crisis situations, impact children, families and communities in similar or different ways than do other natural or man-made disasters?

The consensus response received through personal experiences and a review of the existing literature would seem to suggest, as noted by Weaver (1995), that the essential aspects of all crises dictate a somewhat similar protocol that involves helping people cope with the stress and changes to their lives resulting from the crisis situation. People need time to mourn their losses and be supported to feel less victimized and more in control of their lives. Flood victims may be unique because their recovery can be thwarted as a result of the seemingly endless amount of time that flooding creates before cleanup can begin. Flood waters sometimes take quite a while to recede and the extended agony of waiting to see what is left after your home has been under water for a month aggravates an exceedingly stressful emotional situation. It is quite difficult to reestablish the normal routines of life when you may be living in a nearby shelter or neighbor's spare bedroom.

Within the general category of floods, flash floods present a different problem than do floods where the effected population has some warning. Obviously, the message derived is that the more preparation and planning that can occur prior to a disaster, the greater is the capacity to start the recovery process.

It is critically important for school psychologists to be aware that in large-scale flooding, often schools are destroyed along with homes and businesses. Attempts to maintain some semblance of an educational program may be difficult, if not impossible. Clearly, it is in the emotional and educational best interests of children to find alternative ways to deliver educational services and emotional support. School psychologists in flood- prone regions of the country may be helpful to their districts by encouraging the community-school leadership to consider alternative sites for the children in the event of flooding that damages or destroys the regular school facilities and routines.

Key Concepts of Disaster Mental Health

Wilson & Sigman (1996) completed an excellent analysis of many of the key factors associated with the Midwest floods of 1993. Their summary guide to disaster recovery suggests some essential ideas that can be helpful to professionals who get involved with crisis/disaster mental health activities:

1. No one who sees a disaster is untouched by it.
2. There are two types of disaster trauma: a) individual and b) collective.
3. Most people pull together and function during and after a disaster, but their effectiveness is diminished.
4. Disaster stress and grief reactions are normal responses to an abnormal situation.
5. Many emotional reactions of disaster survivors stem from *problems of living* caused by the disaster.
6. Disaster relief procedures have been called "The Second Disaster."
7. Most people do not see themselves as needing mental health services following disaster, and will not seek out such services.
8. Survivors may reject disaster assistance of all types.
9. Disaster mental health assistance is often more "practical" than "psychological" in nature.
10. Disaster mental health services must be uniquely tailored to the communities they serve.
11. Mental health staff need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster.
12. Survivors respond to active interest and concern.
13. Interventions must be appropriate to the phase of disaster.
14. Support systems are crucial to recovery.

Helping Young Victims

In a study of the ways parents, teachers and friends help children cope after a natural disaster, Prinstein, La Greca, Vernberg and Silverman (1996) concluded that there is very little information currently available that addresses this topic. They studied children who had been impacted by Hurricane Andrew and found that the most frequently reported coping assistance came through the reestablishing of familiar roles and routines and the attempts to "normalize" children's everyday lives. They also found that children derived little emotional support by playing disaster-related games, drawing pictures about the storm or using toys to reenact difficult aspects of the hurricane. This conclusion seems contrary to the activities and materials often used by many disaster relief organizations.

Significant adults in these children's lives were able to create distracting activities that attempted to shield them from emotionally troublesome images or thoughts. The study suggested the need for future investigations to determine whether or not more subtle forms of emotional processing such as discussions and stories about disaster experiences and associated stressors may help children to more effectively cope with their feelings related to the disaster.

The Federal Emergency Management Agency (FEMA) suggests a variety of interventions designed to help children cope with disasters like floods (see Wilson & Sigman, 1996):

Plan for a Disaster:

- Talk to children about the likely disaster in their community.
- Teach children about the safety precautions for each disaster.
- Prepare a family disaster plan.
- Explain how to call for help.

Provide Comfort:

- Take a child's fears seriously.
- Keep the family together.
- Include children in the clean up process.
- Allow children to make some decisions regarding the family.
- Leave time for play.
- Increase attention: Children may require more attention during this period. Try to meet these additional demands on your time, i.e., a child wanting to be held more should be held more.
- Maintain control.
- Reassure children that you will do your best to protect them in this difficult situation.
- Be understanding, but firm. Be aware that children may act out of fear or anxieties by having tantrums or provoking fights. Calm, consistent limit-setting is called for from parents and teachers.
- Seek help from local organizations.

Communicate: Children will naturally be curious about what happened. Explain the facts about what happened and encourage the child to ask questions. Use these guidelines when talking with children:

- Use words or phrases that won't confuse children. For instance, use of the word "sleep" for death can cause a child to fear going to bed.
- Make sure children understand your answers to their questions.
- Listen to children's feelings and accept them.
- Remember that children — just like adults — may react with unusual behavior such as wide emotional shifts.
- Help children talk with each other about what has happened and how they are feeling.

Sometimes a trained mental health professional is needed to help a child fully heal. Consider counseling if the child is having an ongoing sleeping problem, difficulty concentrating, or if fears surrounding the disaster seem to have become worse. A child who continually clings to adults several weeks after the event or who expresses a sense of permanent doom may need to talk about the experience with a trained professional.

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Suicidal Ideation and Behaviors

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The incidence of completed suicide among school-aged populations has increased dramatically over the past 40 years. Specifically, teen suicides have quadrupled since 1950. While only 2.7 per 100,000 15- to 19-year-olds committed suicide in 1950 (Centers for Disease Control, 1991), this rate climbed to 10.9 by 1992 (Centers for Disease Control, 1995). Suicide is the eighth leading cause of death in the United States across all age groups (National Center for Health Statistics, 1994); however, it is the third leading cause of death among 15- to 24-year-olds (Moscicki, 1995). More recently, there has also been a dramatic increase in the suicide rate of children. From 1980 to 1992 the rate among 10- to 14-year-olds increased 120%, rising from 0.8 to 1.7 (Centers for Disease Control, 1995).

Completed suicides are only part of the problem. Research estimates suggest that as many as 62.5% of high school students have suicidal thoughts (Smith & Crawford, 1986). Additionally, 8% to 13% of high school students have engaged in a suicidal behavior (Centers for Disease Control, 1991; Harkavy-Friedman, Asnis, Boe, & DiFiore, 1987; Smith & Crawford, 1986). For the school psychologist, these statistics highlight the importance of understanding and knowing how to respond to suicide.

Background and Development

Suicidal ideation and behaviors can be placed on a gradient of severity (Diekstra & Garnefski, 1995; Moscicki, 1995). Least severe are casual thoughts of suicide. Most severe are behaviors that result in death. All suicidal behaviors involve thoughts of suicide but differ in the degree to which the individual considers and acts upon these thoughts. As severity increases, behaviors become more lethal, less prevalent, and more strongly associated with psychopathology.

Range of Suicidal Behaviors

- **Suicidal ideation** refers to conscious thoughts of suicide. These cognitions may range from fleeting thoughts to a chronic preoccupation. Although some consideration may have been given to means of suicide, no self-destructive behaviors are displayed.
- **Suicidal gestures** are mild self-destructive behaviors displayed by individuals with thoughts of suicide. However, these behaviors do not cause physical harm (e.g., pointing an unloaded gun at one's head). Gestures range in purpose from a way to express distress to a rehearsal for a suicide attempt. They may or may not be a part of a suicide plan.
- **Parasuicide** is more severe, planned self-destructive behavior that has resulted in significant, nonfatal physical harm. Parasuicide is often referred to as attempted suicide, but some authors use the term parasuicide when the intent to die is low (Ramsay, Tanney, Tierney, & Lang, 1991). The individual who ingests barbiturates, knowing that the behavior will be discovered before it is lethal, might be considered to have displayed parasuicidal behavior. Obviously, there is a fine line between low-intent-to-die parasuicide and high-intent-to-die attempted suicide. Parasuicidal behavior can be lethal and may result in "accidental suicides."
- **Attempted suicide** refers to serious, planned, self-destructive acts that result in significant but nonfatal physical harm. Unlike parasuicidal behavior the individual's intent to die is high. These individuals might be thought of as "accidentally alive" (Ramsay et al., 1991). The means employed in attempted suicide are typically more lethal than those in parasuicide. The use of highly lethal means is correlated (r = .67) with high intent to die (Andrews & Lewinsohn, 1992).

- **Indirect suicide** refers to risk-taking behavior (e.g., reckless driving) resulting in death, when a causal sequence can be specified (e.g., suicidal thoughts lead to reckless driving and subsequently a fatal traffic accident). In fact, many automotive fatalities among adolescent males are suspected to be suicides (Farberow, 1980). Indirect suicide is common among adolescents, and there is evidence to suggest that adolescent suicidal behaviors are particularly impulsive (Taylor & Stansfield, 1984).
- **Completed suicide** refers to deaths that are the consequence of planned self-destructive behaviors. The suicidal individual believed that the planned behavior could result in death, and death was the result.

Prevalence of Suicidal Ideation and Behaviors

Frequency: By obtaining estimates of lethality (e.g., determining whether a behavior resulted in the need for medical attention), recent research has allowed for frequency estimates of the different types of suicidal behaviors. This research has revealed lethal and/or intentional attempts among adolescents to be relatively rare. These estimates suggest 1.6% to 2.6% of adolescents have made potentially lethal suicide attempts (Moscicki, 1995). Clearly, suicidal gestures and parasuicidal behavior are more frequent than is attempted suicide. The majority of individuals who engage in nonlethal suicidal behaviors do not intend to die (Meehan, Lamb, Saltzman, & O'Carroll, 1992).

Developmental trends: Suicidal ideation, attempted suicide, and completed suicide all appear to be relatively rare in childhood and to become more prevalent during adolescence (Diekstra & Garnefski, 1995; Moscicki, 1995). However, the ratio of attempted suicide to completed suicide in adolescents is considerably higher than it is among the aged population. The suicidal behavior of older individuals is much more lethal than that of adolescents. Finally, while the peak ages for attempted suicide fall within the first half of the life cycle (between 15 and 44 years of age), the risk of completed suicide increases as a function of age (the rate is highest among persons over the age of 75) (Diekstra & Garnefski, 1995; Moscicki, 1995).

Demographics: Attempted and completed suicides are reported more frequently among Whites than non-Whites (Diekstra & Garnefski, 1995; Moscicki, 1995). However, between 1980 and 1992 suicide rates increased most dramatically among young Black males (Centers for Disease Control, 1995). Other demographic data reveal differences between attempted and completed suicide. Although suicide ideation and attempts are especially prevalent among females, the majority of completed suicides are by males. Thus, younger females are more likely to *attempt* suicide, but older males are more likely to *commit* suicide.

Suicide methods: The methods of attempted suicide are typically less lethal than those of completed suicide. While drug overdoses appear to account for 70% of attempts (Moscicki, 1995), firearms account for 64.9% of completed suicides among individuals younger than 25 years. Within this age group, during 1980 to 1992, the proportions of suicides by poisoning, cutting, and other methods declined and the proportions by firearms and hanging increased. Hanging was the second most common means of suicide followed by poisoning. Among teenagers, 81% of recent suicide rate increases can be attributed to firearms (Centers for Disease Control, 1995).

Risk Factors

Psychopathological risk factors: Severe, and frequently comorbid, psychiatric disorders are the strongest risk factor for suicidal behavior in all age groups. Psychological autopsy research reveals 90% of suicides are associated with mental or addictive disorders (Garland & Zigler, 1993); among adolescents the most frequent disorders are affective and conduct disorders and substance abuse (Moscicki, 1995). Hopelessness is a strong indicator of suicide potential (Beck, 1986), and prior suicide attempts may be the best single predictor of suicidal behavior (Shaffer, Garland, Gould, Fisher & Trautman, 1988).

Substance abuse also plays an important role in suicide. It can increase overall vulnerability to suicide and can also act as a triggering event. For example, substance abuse can increase suscepti-

bility to the effects of stresses that are eventually the proximal trigger of the suicide. Substances such as alcohol can contribute to depression, impaired judgment, and impulsivity that are in turn related to suicide. When compared to the general population, the suicidal substance abuser typically has more serious intent to die and higher levels of suicidal ideation. In adolescents, alcohol intoxication has been found in approximately half of all youth suicides (Moscicki, 1995).

Finally, it appears that psychiatric disorders are a characteristic of many, but not all, suicide attempters (Moscicki, 1995). For example, rates of depression among this group range from 20% to 55% (Diekstra & Garnefski, 1995).

Biological risk factors: Neurochemical research has found that persons who commit suicide and violent suicide attempters often have a deficit in the functioning of the neurotransmitter serotonin (Davis & Sandoval, 1991). Reduced central serotongenic activity is correlated more highly with suicidal behavior than with any particular psychiatric diagnosis (Brown & Goodwin, 1986). However, the relationship between reduced serotongenic activity and suicidal behavior is not clear. It is possible that the serotongenic changes may be associated with characteristics such as impulsivity or threshold for violence and not a direct cause of suicidal behavior (Moscicki, 1995).

Familial risk factors: Familial characteristics that increase adolescent suicide risk include a family history of suicide and of medical and psychiatric illness. Increased economic stress and higher levels of family strife, involving family loss, are also associated with increased suicide risk. Suicidal children experience more parental separations, divorces, and remarriages. The suicidal youth frequently views the family as high in conflict and low in support or cohesion. Suicide attempters often view their parents as indifferent, rejecting, and unsupportive. Family violence, parental arguments, and physical and sexual abuse are associated with suicidal behavior (Davis & Sandoval, 1991; Moscicki, 1995; Pfeffer, 1989).

Situational risk factors: While situational factors are most typically associated with suicidal behavior, they are, by themselves, insufficient to cause this behavior. However, when combined with other risk factors they create conditions that may lead to suicide (Moscicki, 1995).

One of the strongest situational risk factors in the United States is the presence of a firearm in the home. Even after other risk factors are taken into account, the presence of a gun increases the risk of suicide. This is true regardless of which type of weapon or of whether the weapon and ammunition are stored separately (Brent et al., 1991).

Recent severe life stress, especially from losses that result in a perceived devaluing of the individual's life, can also be situational factors associated with suicide (Ramsay et al., 1991). Among youth, the most frequent stresses include interpersonal loss or conflict (particularly in romance), economic problems, and legal problems. Incarceration is also a frequent factor in youth suicide (Moscicki, 1995).

Frequently, a precipitating event will push the teenager "over the edge." As many as 40% of youth suicidal behaviors appear to have identifiable precipitants (e.g., rejection, unwanted pregnancy, poor school performance, fights with friends, dispute and/or breakup with a romantic partner, or problems with parents). The most common event of this type is a disciplinary crisis (Pfeffer, 1989; Shaffer, 1974; Spirito, Overholser, & Stark, 1989).

Warning Signs of Suicidal Ideation and Behaviors

Although a single, traumatic event can trigger a sudden suicide without warning, individuals who are thinking about suicide usually give signals in advance that predict suicidal behavior (Ramsay, Tanney, Tierney, & Lang, 1990). Warning signs might be interpreted as cries for help or invitations to intervene. They are ways in which an individual communicates distress, but they are not necessarily predictive of impending suicidal behavior. They do signal the possibility that the individual has suicidal ideation and suggests it would be appropriate to ask: "Are you thinking of suicide?" Ramsay et al. (1990) group the common warning signs of suicidal behavior into three general classifications: suicidal threats; preoccupation with death; and changes in behavior, physical appearances,

Table 1 Common Warning Signs of Suicidal Behavior

Warning Sign*	Discussion
Suicide notes	Suicide notes are a very real sign of danger and should always be taken seriously.
Direct and indirect suicide threats	Most individuals give clues they have suicidal thoughts. Clues include direct ("I have a plan to kill myself") and indirect threats ("I might as well be dead").
Making final arrangements	Making funeral arrangements, writing a will, paying debts, saying good-bye, and the like could be signs a youth is suicidal.
Giving away prized possessions	In effect, the youth is executing a will.
Talking about death	This could be a sign the youth is exploring death as a solution to problems.
Reading or writing, and/or creating art work about death	Sometimes warnings include writing death poems or filling sheets of paper with macabre drawings.
Hopelessness or helplessness	A youth who feels there is no hope problems will improve and who feels helpless to change things may consider suicide.
Social withdrawal and isolation	These behaviors may be a sign of depression and may be a precursor of suicide.
Loss of involvement in interests and activities	A youth who is considering suicide may see no purpose in continuing previously important interests and activities.
Increased risk taking	Youths who choose high-risk sports, daredevil hobbies, and other unnecessarily dangerous activities may be suicidal.
Heavy use of alcohol or drugs	Substance abusers have a six times greater risk for suicide than the general population.
Abrupt changes in appearance	Youths who no longer care about their appearance may be suicidal.
Sudden weight or appetite change	These changes may be a sign of depression that can increase the risk of suicide.
Sudden changes in personality or attitude	The shy youth who suddenly becomes a thrill seeker or the outgoing person who becomes withdrawn and unfriendly may be giving signals that something is seriously wrong.
Inability to concentrate or think rationally	This inability may be a sign of depression or other mental illness and may increase the risk of suicide.
Sudden unexpected happiness	Sudden happiness, especially following prolonged depression, may indicate the person is profoundly relieved after having made a decision to commit suicide.
Sleeplessness or sleepiness	This behavior may be a sign of depression and may increase the risk of suicide.
Increased irritability or crying easily	Depressed, stressed, and potentially suicidal youths demonstrate wide mood swings and unexpected displays of emotion.
Low self-esteem	Youths with low self-esteem may consider suicide.
Abrupt changes in attendance	Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.
Dwindling academic performance	Question unexpected and sudden decrease in performance.
Failure to complete assignments	Sudden failure is often seen in depressed and suicidal students.
Lack of interest and withdrawal	One of the first signs of a potentially suicidal youth is withdrawal, disengagement, and apathy. A sudden lack of interest in extracurricular activities may be seen.
Changed relationships	Evidence of personal despair may be abrupt changes in social relationships.
Despairing attitude	Students may make comments about being unhappy, feeling like a failure, not caring about the future, or even not caring about living or dying.

Note. Adapted from *The California Helper's Handbook for Suicide Intervention* by R. F. Ramsay, B. L. Tanney, R. J. Tierney, & W. A. Lang (Primary Consultants), 1990, Sacramento, CA: State Department of Mental Health.

*Warning signs are presented in order beginning with the most dangerous ones.

thoughts, or feelings. Specific warning signs are presented in Table 1, with the most dangerous warning signs listed first.

Implications of Suicidal Ideation and Behaviors

Educational implications: Suicidal ideation and behaviors have a tremendous impact on learning. Students who display these behaviors and/or have these thoughts will be mentally unavailable for instruction. Additionally, the impact of suicidal behavior on other nonsuicidal students cannot be ignored. Difficulty coping with another's suicidal behavior will also interfere with learning. Thus, even those who argue schools should only provide academic instruction must acknowledge there are educational reasons for school suicide prevention, intervention, and postvention.

Increasing danger: It frequently has been suggested that less severe forms of suicidal ideation and behaviors may evolve into more severe forms (Diekstra & Garnefski, 1995). Exactly how these transformations take place is unclear. However, it has been documented that a person with a history of suicidal behavior has a 35 times greater risk of suicide than does a member of the general population (Tanney & Motto, 1990). Therefore, both family members and school personnel must increase vigilance when suicidal behavior becomes evident, watch for warning signs, and ensure the provision of appropriate mental health services.

Risk assessment and referral: Assessing the severity of suicidal thinking and making appropriate referral decisions are important problems to be addressed by schools. These procedures are typically designed for school psychologists and counselors. These individuals are most likely to be designated as the staff members to whom all reports of suicidal students are brought. Specific risk assessment and referral procedures may include the following steps.

1. Risk Assessment: Whenever a staff member refers a suicidal student, a risk assessment should be conducted by a school psychologist or counselor. A risk-assessment interview is a semi-structured interview protocol. Because school personnel do not routinely perform suicide evaluations, it should be prepared in advance. School mental health professionals quickly get out of practice and need a structure to help support and guide them (Davis & Sandoval, 1991).

From a model developed by Ramsay et al. (1991), Table 2 contains some questions for a risk-assessment interview. To supplement this interview, school psychologists might administer a general mental status examination at the conclusion of the Engagement phase (Davis & Sandoval, 1991). A mental status exam is a screening device to look for evidence of psychosis, depression, psychosomatic concerns, organicity, and disorientation due to drugs and alcohol. Additionally, school psychologists might use standardized measures to help in determining a course of action. One good device is the Suicidal Ideation Questionnaire (Reynolds, 1988). Developed for students in Grades 7 through 12, this measure offers cut-off scores and items designated as critical indicators that can be used in determining the severity of suicidal ideation. With younger students, the Hopelessness Scale for Children (Kazdin, Rodgers, & Colbus, 1986) has been recommended (Fremouw, de Perczel, & Ellis, 1990). This measure is a self-report inventory designed for children 6 to 7 years of age and older.

2. Consultation: Following the risk assessment, the school psychologist should consult with another staff member or mental health professional who has training in suicide risk assessment. Peer review, when available, is desirable before taking action.

3. Determine a course of action: The risk assessment and consultation data should help to determine a course of action. If an outside referral is made, it would be appropriate to make copies of the information obtained from the assessment and send them with the care provider who will be transporting the student to the community agencies and/or private practitioners providing assistance.

In making referral decisions, it is also important to assess whether the student's distress is the result of parent or caretaker abuse, neglect, or exploitation. If this is the case, it may not be appropriate to ask the student's parents to take responsibility for getting the student help. In these circumstances it would be appropriate to call child protective services, give them the facts, and ask them to

intervene. Typically, however, an essential part of any action plan is to call the student's parents. It is preferable to meet with them in person.

Arvey and Petzold (1983) suggest that a "Notification of Emergency Conference" form should be completed as part of a school district's standard procedures for dealing with suicidal students. Such a record is especially important if it is feared that parents may not follow through with mental health referrals; a record protects staff members from potential liability for the actions of the suicidal student (Poland, 1989).

School staff should be prepared to respond appropriately if the parents are unavailable to assist staff in dealing with their suicidal child. In cases where the student's risk of suicide is extreme, it may be appropriate to call the police department immediately and have them transport the student to the appropriate crisis center. In cases where the risk is moderate, it may be appropriate to employ school and community resources to help the parents to assist in the crisis. In either case, it is important to tell the youth and the parents in advance about the steps of the process they will be going through. Also, if a student resists an emergency psychiatric referral and attempts to flee, it is best to avoid physical confrontation and let the police handle the situation (Davis & Sandoval, 1991).

Schools must also be prepared for parents who disagree with recommendations for a crisis center

Table 2 **Student Interview Model: Suicide Risk Screening**

Engagement

- It seems things haven't been going so well for you lately. Your parents and/or teachers have said _____. Most teens/children would find that upsetting.
- Have you felt upset, maybe had some sad or angry feelings you have trouble talking about? Maybe I could help you talk about these feelings and thoughts?
- Do you feel like things can get better, or are you worried (afraid, concerned) things will just stay the same or get worse?
- Are you feeling unhappy most of the time?

Identification

- Other teenagers/children I've talked to have said that when they feel that sad and/or angry, they thought for a while that things would be better if they were dead. Have you ever thought that? What were your thoughts?
- Is the feeling of unhappiness so strong that sometimes you wish you were dead?
- Do you sometimes feel that you want to take your own life?
- How often have you had these thoughts? How long do they stay with you?
- Administer the Suicidal Ideation Questionnaire (Reynolds, 1988) or the Hopelessness Scale for Children (Kazdin, Rodgers, & Colbus, 1986) to further qualify and/or quantify the seriousness of the student's suicidal thinking.

Inquiry

- What has made you feel so awful?
- What problems or situations have lead you to think this way?
- Tell me more about what has led you to see killing yourself as a solution.
- What do you think it would feel like to be dead?
- How do you think your father and mother feel? What do you think would happen with them if you were dead?
- As appropriate administer items from the Mental Status Exam (Davis & Sandoval, 1991).

Assessment

Current Suicide Plan

- Have you thought about how you might make yourself die?
- Do you have a plan?
- On a scale of 1 to 10, how likely is it that you will kill yourself? When are you planning to or when do you think you will do this?
- Do you have the means with you now, at school, or at home?
- Where are you planning to kill yourself?
- Have you written a note?
- Have you put things in order?

Prior Behavior

- Has anyone that you know of killed or attempted to kill themselves? Do you know why?
- Have you ever threatened to kill yourself before? When? What stopped you?
- Have you ever tried to kill yourself before? How did you attempt to do so?

Resources

- Is there anyone or anything that would stop you?
- Is there someone whom you can talk to about these feelings?
- Have you or can you talk to your family or friends about suicide

Summary

- Use a suicide risk assessment worksheet (e.g., Poland, 1989) to summarize the information gained during the interview(s).

Note. Adapted from procedures and suggestions made by the California State Department of Education (1987), Corder and Haizlip (1982), Davis and Sandoval (1991), and Ramsay, Tanney, Tierney, and Lang (1991).

or other referral. If the school psychologist believes this referral is necessary to protect the student's life, it would be appropriate to inform the parents that child protective services will be called if they do not cooperate (Davis & Sandoval, 1991).

In cases where the student's risk is judged to be low, and after parents have been provided with noncrisis counseling referrals, it may be appropriate to write a no-suicide contract. This contract is a personal agreement not to harm oneself. With adolescents it is important for the contract to be clear, realistic, and short term in nature (Davis & Sandoval, 1991). Poland (1989) suggests that contracts be individualized, placed on school stationery, and signed by both the student and the counselor. Also, the student should be given a copy of the contract. The term of a contact can be as short as one day. Initially, a contract's term is between contacts with the counselor. Contracts may include situations likely to provoke suicidal feelings and coping strategies. Typically, phone numbers to call if the individual becomes suicidal are included in the contract as a coping strategy. A sample contract is provided in Davis and Sandoval (1991, p. 59).

4. Follow-up: After the appropriate referrals have been made, the school psychologist should follow up with the suicidal student. It is important for school staff to stay informed about progress, plans for therapy, and the school's role in helping the youth return to school.

Alternative Actions

Alternative actions for responding to suicidal ideation and behaviors can be classified as suicide prevention (designed to reduce the incidence of suicidal thoughts and actions before they occur), suicide intervention (designed to prevent the individual with suicidal thoughts from engaging in suicidal behavior), and suicide postvention (which aims to repair damage caused by suicidal behavior).

Suicide Prevention

School-based suicide-prevention programs are the primary strategy through which school systems attempt to prevent suicidal ideation and behavior before they occur. Nationally, it is estimated that 25% of U.S. secondary schools have suicide prevention programs, with 15.9% offering a classroom curriculum-based program (Wass, Miller, & Thornton, 1990). Shaffer et al. (1988) report the goals of these programs typically include developing a heightened awareness of the problem, identifying suicidal teens, providing information about mental health resources, and improving coping skills. Table 3 provides recommendations for a comprehensive school-based suicide prevention program (Hicks, 1990).

Additional information regarding the characteristics of these prevention programs has been provided by a national survey (Garland, Shaffer, & Whittle, 1989). From an examination of 115 school-based programs, it was concluded that an almost universal component was the targeting of all adolescents regardless of their suicide risk. A large number also included training programs for school staff (90%) and parent programs (70%). Programs on the average lasted almost 4 hours.

Student body programs: Programs reviewed by Garland et al. (1989) provided information on suicide facts and warning signs and on accessing mental health resources. Other topics

Table 3 **Components of a Comprehensive School-Based Suicide-Prevention Program**

1. Faculty Seminars
   - Identification of At-Risk Youth
   - Assessment Strategies
   - Communication Strategies
   - Referral of Suspected Youth

2. Parent Seminars
   - Similar Content to Faculty Seminars
   - Parental Denial That Their Child Could Be At Risk of Suicide
   - Parenting the "Normal" Adolescent

3. Student-Peer Education
   - Normal Adolescent Development
   - Self-Evaluation of Emotional Well-Being
   - Identification of a Peer At Risk
   - Assisting the At-Risk Peer

Note. From *Youth Suicide: A Comprehensive Manual for Prevention and Intervention* by B. B. Hicks, 1990, Bloomington, IN: National Educational Service.

covered include breaking confidentiality, stress-reduction and coping strategies, psychological development in adolescence, signs of emotional disturbance, interviews with attempters, and death and dying education. About half of the programs were taught by a combination of school and mental health agency personnel. Most other programs were taught exclusively by agency staff. Only 2% of these prevention programs were presented by school psychologists or counselors.

Several concerns regarding school suicide-prevention programs have been raised. First is the observation that very few adolescents attending these programs commit suicide (Shaffer et al., 1988) and that most of these students already hold accurate views of suicide (Shaffer, Garland, & Whittle, 1987). From these observations it has been suggested that prevention resources should be allocated to programs for at-risk youngsters, instead of targeting the entire student body.

While this concern has validity, there are two points that weaken these arguments. First, although completed suicide is rare, suicidal ideation and behaviors are not unusual. Thus, these programs may be reaching more suicidal adolescents than Shaffer et al. (1988) acknowledge. Second, most programs have a dual purpose. Not only do they target the student at risk for suicide, but they also hope to reach the nonsuicidal student who may be the first to identify a peer's suicide thinking. Contrary to the assertions of Shaffer, Garland, and Whittle (1987), in a survey of students before participation in a suicide-prevention program, Ciffone (1993) found a large number of students to hold undesirable or inaccurate views of suicide.

A second concern regarding student programs is their tendency to normalize suicidal behavior. Ninety-five percent of the programs reviewed by Garland et al. (1989) employed a "stress model" of suicide (i.e., suicide as a response to stress or pressures that could happen to anyone) rather than a "mental health model" (i.e., suicide as a consequence of mental illness). This view is contrary to research indicating suicide is typically associated with emotional disturbance. The stress model may increase the tendency to view suicidal behavior as a "mainstream" solution to problems (Garland et al., 1988; Garland & Zigler, 1993; Shaffer & Bacon, 1989).

In response to the concerns that suicide-prevention programs may normalize suicide, Ciffone (1993) investigated the effect of a program that made use of a mental health model (as opposed to the stress model). It emphasized suicide as an maladaptive act of poor judgment. This program had a positive effect on teens who, before program participation, had been identified as having undesirable attitudes toward suicide. It increased the number of teens who would refuse to keep a friend's suicidal thoughts secret and increased willingness to refer a friend to a counselor.

A final concern regarding student body programs is their effect on suicidal students. Garland et al. (1989) suggest students who had made suicide attempts and had attended a suicide-prevention program did not appear to respond as favorably to these programs as did nonattempters. When compared to suicide attempters who did not attend a suicide-prevention program, suicide attempters/program participants were less likely to reveal suicidal intentions, less likely to believe that a mental health professional could help them, and more likely to view suicide as a reasonable solution. Similarly, Shaffer et al. (1990) found that when compared to nonattempters, participants who indicated having previously attempted suicide continued to be more likely to feel that suicide is a possible solution for problems and that it is a good idea to keep depressed feelings to oneself. Program participation attempters were less likely than nonattempters to think that other students should participate and were more likely to believe that talking about suicide in the classroom makes some students more likely to try to kill themselves.

Thus, it appears classroom suicide-prevention programs have the potential to do harm. This evidence supports Shaffer's call (1988, cited in Poland, 1989) for a moratorium on school suicide-prevention curricula. At the very least it would appear appropriate to develop alternative programs for students who have made suicide attempts. It is unknown whether programs using a mental health model would have similar negative consequences on previous suicide attempters.

Peer programs: Increasingly school personnel are turning to peer programs to address the problems of suicide. These programs may be effective because adolescents are more likely to confide suicidal thoughts to a friend than to a parent or teacher (Shaffer, Garland, & Bacon, 1987). Peers

know about students in trouble and peer helpers or leaders become important bridges to assistance. Thus, an important prevention option is to provide peer counselors with suicide awareness training and to ensure that they know how to make referrals. As peer programs are not aimed at the at-risk student, this approach would appear to take into account the concerns of Garland et al. (1989) and Shaffer et al. (1990).

Peer programs cover the same topics as student body programs. However, there may be a greater emphasis on how to expedite a referral and why it is important not to hold dangerous information in confidence or attempt to "counsel" suicidal peers.

Staff programs: Another prevention option is to educate school employees about youth suicide. Community resources are often brought in to assist, and there are good audio-visual resources available to supplement lecture and discussion (see Davis & Sandoval, 1991, for a list). As with other prevention options, the emphasis should be on the warning signs of suicide (see Table 1) and steps to take if they are encountered. Topics emphasized with staff also include legal issues, school policy issues, crisis-management procedures, causes of suicide, and suicide intervention (Garland & Shaffer, 1988). The first author's experience and research suggest that the training program developed by Ramsay et al. (1991) is appropriate as both a staff- and peer-training program.

The importance of staff programs is emphasized by *Kelson v. the City of Springfield* (1985). Following the suicide of their son at school, the parents of 14-year-old Brian Kelson sued the school district. A federal court allowed them to bring this action against the school because the death resulted from inadequate staff training in suicide prevention. The parents charged that the school had a duty to provide staff suicide-prevention training and that it failed to do so. This case, which was eventually settled out of court, opens the door for lawsuits when a student's death can be linked to inadequate staff training (Slenkovitch, 1986).

Suicide Intervention

Despite prevention efforts, suicidal ideation and behaviors will continue to occur. Thus, there is a need for every school to develop procedures for responding to the suicidal student. Suicide intervention, like many other rare crisis events, has not often been researched using traditional experimental designs. Instead, the information presented is a distillation of well-documented clinical experience.

School psychologists often play a critical suicide-intervention role (see Table 4). In instances where the school psychologist or other school staff members do not have necessary training, alternative resources should be used. Community mental health agencies are a potential risk-assessment resource. Alternatively, participation in a suicide-intervention training program (e.g., Ramsay et al., 1991) may provide the needed risk-assessment training.

Suicide-intervention procedures should be used whenever a suicide threat is made. A threat includes any statement or communication indicating a desire to cause physical harm to oneself. Suicide may or may not be mentioned so staff should be alert to indirect threats as well as direct ones. Indirect threats of suicide often take the form of wishes or desires. However, they clearly indicate that the student feels he or she would be better off not alive. Even vague threats to "Do something bad" should be investigated. Direct threats are clear unequivocal statements that the student is considering suicide as a solution to problems. Even if a student makes a direct threat in a neutral and light tone, it must be followed up.

Suicide Postvention

Suicide postvention procedures are designed to help schools respond to the aftermath of suicide. Following a suicide it is not unusual for some students and staff members to enter into a crisis state. Postvention assists in the identification of these individuals and facilitates adaptive resolution of the crisis. An additional concern is the possibility of contagion. Although such copy-cat behavior accounts for only an estimated 1% to 3% of all adolescent suicides (Moscicki, 1995), the potential to imitate suicidal behavior appears to be a unique issue for teenagers (Davidson, 1989).

Because it is essential to respond quickly following crisis events (Ruof & Harris, 1988), prepared-

ness is an essential component of an effective suicide postvention (Davidson, 1989; Lamb & Dunne-Maxim, 1987; Wenckstern & Leenaars, 1993). Delay fuels rumors and can make a bad situation worse (Garfinkel et al., 1988). However, an immediate response is difficult following crises as they tend to have immobilizing effects on survivors. Previously established postvention procedures can minimize these immobilizing effects (Brock, Sandoval, & Lewis, 1996).

The following procedures are important components of a suicide postvention. From the authors' experiences, they are presented in order of importance. Ideally, however, different staff members will be working on several of these tasks simultaneously.

1. Verify the death. Schools must not accept any report that a suicide has occurred without verifying the facts (Garfinkel et al., 1988). The legal classification of a death as suicide is complex and is usually made by medical examiners. Thus, it is advisable to avoid labeling even what appear to be obvious suicides as such until an official determination is made.

2. Assess impact on the school. As soon as the death is verified and the facts are known, the school should assess the impact of the loss on the student body. Variables to consider when estimating the number of students affected by a suicide are offered in Table 5. This assessment will determine if site resources can manage the crisis or if outside assistance is needed. It is essential that these outside resources be identified before a suicide occurs (Garfinkel et al., 1988). Provisions should be made for

Table 4 **Recommended School Suicide-Intervention Procedures**

1. **A student who has threatened suicide must be constantly observed.** A school staff member should stay with the student constantly and without exception until help is obtained. This is true regardless of whether the threat was direct or indirect. Every student who makes even a mild indirect threat should be viewed as suicidal until it is determined otherwise. Typically, school personnel will not have the training to make this determination. Thus, this procedure may frequently be used with students who are not truly suicidal. Clearly, however, it is better to err on the side of being too cautious.
2. **Under no circumstances should a suicidal student be allowed to leave school.** A student who has threatened suicide should not leave school before the appropriate professionals have assessed the degree of risk and have ensured that appropriate supervision has been provided. Again, this would be true regardless of whether the threat was direct or indirect.
3. **Helpers to a suicidal student must not agree to keep suicidal intentions a secret.** All staff members have a legal and professional responsibility not to honor confidentiality in any situation where maintaining the confidence might result in harm to a student. No matter how much a student implores a staff member, a suicide plan must not be kept secret. It is better to have a student angry for having a confidence betrayed than to have a student dead because a confidence was maintained. A teacher in California was sued by the parents of a 12-year-old student after the teacher was allegedly told by the student that he intended to commit suicide. The teacher did not inform the parents of the student's suicidal intent, and the suit was brought against the teacher after the student committed suicide (California State Department of Education, 1987).
4. **If the means of the threatened suicide are present, determine if they can be voluntarily relinquished.** This procedure is based upon a lawsuit generated in part because a student who shot himself at school was never asked to relinquish the gun used in the suicide. Staff members apparently knew that this student was suicidal and that he had a gun (McKee, Jones, & Richardson, 1991). However, school staff members should not use force to attempt to remove the means of a threatened suicide. This is especially true if the means have the potential to harm staff members (e.g., a gun). If a student refuses to voluntarily relinquish the means, the police should be called. Staff should never place themselves in danger.
5. **Take the suicidal student to a prearranged room.** As soon as possible take the suicidal student to a prearranged, nonthreatening room away from other students. There should be another adult and a telephone close by. Typically, this room would be a counselor's office (McKee et al., 1991).
6. **Notify the "designated reporter" immediately.** Schools should identify one or more individuals who receive and act upon all reports from teachers and others about students who may be suicidal (Davis & Sandoval, 1991). This individual is usually a school psychologist or counselor.
7. **Inform the suicidal youth that outside help has been called and describe what the next steps will be.** Before leaving a suicidal student with the "designated reporter," it is important to let the student know that help has been obtained and to describe what will happen next. It may be appropriate to tell the student that this individual will assist in finding help to deal with suicidal thoughts and impulses. Also, it is important to let the student know that his or her parents or guardians will need to be contacted. If the student is resistant to this idea, this information should be relayed to the designated reporter. If it is suspected that a student's resistance to parental contact is a consequence of abuse, a referral to child protective services must be made. While staff cannot promise that parents will not be informed of the suicidal threats, it would be appropriate to let a suicidal student know his or her concerns are understood.

how this assistance can be obtained during nonschool hours, weekends, and holidays.

3. Notify the school district office and other sites that could be affected. When a suicide occurs, district administration should be notified as soon as possible. Once word of a suicide reaches the community it is not uncommon for district administrators to receive calls from concerned citizens and the media. Thus, they need to have knowledge of what happened and what is being done to assist students. Additionally, district administration may be able to provide support to the school.

Also, attention needs to be given to how other schools might be affected. Issues to examine include whether the student(s) involved have siblings and/or friends that attend other schools. If a staff member commits suicide, it is important to determine if there are former students, now attending different schools, who may be affected.

4. Contact the parents of the deceased. Many times parental contact will be one of the first suicide postvention tasks as the school attempts to verify facts. It should focus on expressing sympathy and, if appropriate, providing information about community grief-support groups (Davis & Sandoval, 1991).

5. Determine what information is to be shared. The first issue considered is confidentiality. Student names should not be released without prior consent. Additionally, there may be circumstances that parents wish to remain confidential. It is recommended that school staff discuss with the student's parents which details about the death can be shared (Thompson, 1990).

Postvention should avoid glorifying or sensationalizing the death, while at the same time providing a timely flow of accurate information (O'Carroll, Mercy, & Steward, 1988). Because it is important to avoid labeling the death as suicide before official notification by the coroner, the initial announcement will typically simply report that a death has occurred. As more information becomes available, the school will continue to determine what information will be shared.

Once the death is ruled a suicide, schools need to exercise discretion regarding what information it shares with students. It is critical to avoid presenting information that might be perceived as glorifying the suicide or providing details that can be copied. In general, it is not the responsibility of the school to provide the media with details of the suicide (Wenckstern & Leenaars, 1993). If school personnel speak to the media, details such as the time of death, circumstances under which the death occurred,

Table 5 Variables to Consider When Assessing the Impact of a Suicide on a School

Variable	Suicide Impact Issues
Popularity of person who committed suicide	If the individual was well known in the school and/or community, a more significant impact can be expected. For example, if the individual had just moved into the area the impact is likely to be less severe.
Exposure to or involvement in the suicide	The greater the exposure or involvement of students or staff the greater will be the impact.
History of similar crises	If other suicides happened to the school in the past, old crisis reactions may be rekindled.
Recency of other crises	If other crises occurred in the school recently, this may reduce resiliency and result in a more significant crisis reaction. On the other hand, a less dramatic impact can be expected if the suicide is an isolated incident.
Resources available	Fewer personal, family, school, and community resources are likely to result in more significant crisis reactions.
Suicide timing	If the suicide occurred during a vacation, its impact on the school may be less than if it occurred while school was in session. In this case it is possible that students will have dealt with the suicide away from school, on their own or with their family. Additionally, rumors are spread more quickly when students are congregating in groups at school. Finally, when a suicide occurs during a vacation, the school has more time to prepare and is thus able to respond more effectively.

Note. Adapted from *Preparing for Crises in the School: A Manual for Building School Crisis Response Teams*, by S. E. Brock, J. Sandoval, & S. Lewis, 1996, Brandon, VT: Clinical Psychology Publishing Company.

or contents of a suicide note should be avoided (Garfinkel et al., 1988). Also, a spokesperson should work with the media to downplay the incident. Research indicates media coverage of suicide is associated with an increase in reported suicide (Davis & Sandoval, 1991). Thus, it is advisable not to include a photo of the person who committed suicide and not to place the word "suicide" in the caption (Ruof & Harris, 1988). Ideally, the media would include information about the community resources available for those with suicidal thoughts.

6. Determine how information is to be shared. The same message should be delivered to all students at the same time (Davis & Sandoval, 1991). It is important to avoid sharing information over a public address system or in an assembly. The announcement should be made simultaneously in classes where a staff member can be present to directly handle students' concerns (Berman & Jobes, 1991; Ruof & Harris, 1988). It may be appropriate to share information individually or in small groups with students who are particularly vulnerable or were close to the student who committed suicide. It is important to avoid casting the deceased in the role of "villain" or "hero." Grieving and seeking to learn

Table 6 Factors That Place Students "At Risk" Following the Suicide of a Peer

Risk Factor	Examples
Facilitated the suicide	1. Were involved in a suicide pact. 2. Helped write the suicide note. 3. Provided the means of the suicide. 4. Knew about and did not try to stop the suicide.
Failed to recognize the suicidal intent	1. Observed events that were later learned to be signs of the impending suicide. 2. Did not take a suicide threat seriously. 3. Had been too busy to talk to a person who committed suicide and had asked for help.
Believe they may have caused the suicide	1. Feel guilty about things said or done to the victim before the suicide. 2. Recently punished or threatened to punish the person who committed suicide for some misdeed.
Had a relationship or identify with the person who committed suicide	1. Were mentioned in the suicide note. 2. Were relatives, best friends, or self-appointed therapists of the person who committed suicide. 3. Identify with the situation of the person who committed suicide. 4. Have life circumstances that parallel those of the suicide victim.
Have a history of prior suicidal behavior	1. Have previously attempted or threatened suicide. 2. Have family members, acquaintances, or role models who have died by suicide.
Have a history of psychopathology	1. Have poor baseline mental health. 2. Have substance abuse problems. 3. Have a history of impulsive or violent behavior directed either toward self or others.
Show symptoms of helplessness, hopelessness, or both	1. Are desperate and now consider suicide a viable alternative. 2. Feel powerless to change distressing life circumstances. 3. Are depressed.
Have suffered significant life stresses or losses	1. Had family members or acquaintances who have died by accident or homicide. 2. Had someone they were close to die violently. 3. Had recently broken up with a girlfriend or boyfriend. 4. Have been disrupted by changes in residence, schools, or parental figures.

Note. Adapted from "The School Psychologist's Role in Suicide Prevention," by J. Sandoval, & S. E. Brock, in press, *School Psychology Quarterly*, and based on Brent et al. (1989); Davidson (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); and Rouf and Harris (1988).

from the tragedy should be the focus.

7. Identify high-risk students and plan interventions. A list useful in identifying students at high risk following a suicide is offered in Table 6. The process of identifying students significantly affected by the suicide should begin as soon as possible (Wenckstern & Leenaars, 1993). Failure to identify and intervene with these students may result in a suicide cluster.

Although it is critical that high-risk students be provided with counseling assistance, such help should be available to other students as well (Davis & Sandoval, 1991). Intervention options include individual meetings, group counseling, classroom activities and presentations, parent meetings, staff meetings, and referrals to community agencies (Davis & Sandoval, 1991; Morrison, 1987).

The typical intervention tasks involve ensuring that students do not identify with the person who committed suicide, do not romanticize or glorify the person's behavior or circumstances, and do not dwell on real or imagined guilt (Davis & Sandoval, 1991). To avoid identification with the suicide, Ruof and Harris (1988) suggest that the crisis counselors point out how the survivors are different from the person who committed suicide. To avoid glorifying the act, Ruof and Harris recommend that counselors avoid making the suicide seem exciting or the person who committed suicide admirable. They state: "Point out that suicide is a poor choice" (p. 8).

When working with students following a suicide, help them to express feelings about the suicide and tell them that it is normal to feel not only grief but also fear, anger, and confusion. They should be helped to understand that death is irreversible, that the person who committed suicide will not witness or enjoy the postmortem events, and that suicide is a permanent solution to temporary problems. They should also be helped to understand that many people have suicidal thoughts when a suicide has occurred in the community (Davidson, 1989).

8. Inform the staff. A staff meeting should be held as soon as possible following a suicide (Berman & Jobes, 1991; Wenckstern & Leenaars, 1993). This meeting has two purposes: to educate staff on how they can assist students cope with this loss and to help faculty members deal with their own feelings of grief, guilt, or anger generated by the suicide (Lamb & Dunne-Maxim, 1987). Dealing with these feelings is an important prerequisite before the faculty can assist students in coping with the suicide.

During this meeting staff should be given permission to feel uncomfortable about discussing the suicide with their students. These feelings may result in some staff members not being able to provide students with needed support and guidance. These individuals should be provided with alternative opportunities for helping students cope (Brock et al., 1996).

At this meeting school staff should be provided with the facts regarding the death, information regarding plans for the provision of crisis counseling services (Thompson, 1990), and a review of procedures and guidelines for discussions during a crisis (Brock et al., 1996). Staff members will also need to be made aware of the types of students who may be at risk for an imitative response to the suicide and will need to know how to make referrals (Berman & Jobes, 1991).

9. Hold a debriefing. Besides the initial staff meeting, debriefings should be held. Debriefings will allow for a review of the intervention process and the status of referrals (Berman & Jobes, 1991). Prioritization of needs and plans for follow-up actions should be discussed. Perhaps most importantly, the debriefing is an opportunity to assess how the faculty is coping. It is not uncommon for "caretakers" to deal with their grief by denying it and directing their energy to caring for others. This meeting will provide an opportunity for mutual support and allow staff to continue to deal with their own emotions and feelings (Brock et al., 1996).

10. Weigh benefits and liabilities of memorials. After a crisis event, many people feel the need to express their grief, say good-bye, and do something as a memorial. Working together on a memorial can help survivors focus their grief, fears, and anger constructively. However, when choosing memorials following a suicide, particular care should be taken not to romanticize the suicide. In fact, based upon the belief that memorials reinforce the message that death is a way to obtain attention, some authorities have recommended avoiding them completely (McKee, Jones, & Richardson, 1991). Table 7 provides a list of "do's and don'ts" regarding memorial activities following suicide.

One final point should be made. If there is no chance of students becoming aware of a suicide, it is not necessary to report the situation to them nor to provide crisis intervention services. Suicide is only contagious if other people know about it. If knowledge of suicidal behavior can be kept out of a school building, it is probably best to do so (Ruof & Harris, 1988). However, the worst-case scenario is for students to know of a suicide and to have the school pretend that it did not occur (Ruof & Harris).

Summary

Suicide is a reality in America's schools. In a typical high school, based on prevalence data, one might expect one suicide in a 5-year period, and somewhere around 170 suicidal gestures, parasuicides, or suicide attempts each year (Davis & Sandoval, 1991), although many of these incidents will not come to the school's attention. Suicidal behavior is a problem that school psychologists in partnership with other school personnel and community-based professionals can do something about. In this chapter, we have reviewed issues in prevention and outlined intervention and postvention strategies. We hope readers will be stimulated to seek further education on this topic and to be better prepared for suicidal crises. To this end, the following resources are recommended.

Recommended Resources

Davis, J. M., & Sandoval, J. (1991). *Suicidal youth: School-based intervention and prevention.* San Francisco: Jossey-Bass.

This book written for school psychologists and other school professionals presents research, theory, and practical strategies for preventing youth suicide and intervening with suicidal youth.

Pfeffer, C. R. (1986). *The suicidal child.* New York: Guilford Press.

This book examines the psychology of suicide and the role of family systems. It does not deal with school issues but discusses in detail clinical intervention with suicidal children.

Table 7 Memorial Activities Following Suicide: A List of "Do's" and "Don'ts"

Do	Don't
Do something to prevent other suicides from happening.	Don't make special arrangements to send all students from school to funerals.
Do develop living memorials (e.g., student assistance programs) that help other students cope with feelings and problems.	Don't have memorial or funeral services at school.
Do allow any student, with parental permission, to attend the funeral.	Don't stop classes for a funeral.
Do encourage affected students, with parental permission, to go to the funeral.	Don't put up plaques in memory of the suicide victim.
Do mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.	Don't dedicate yearbooks, songs, or sporting events to the person who committed suicide.
Don't fly the flag at half staff.	
Don't have a moment of silence in all-school assemblies.	
Don't have mass assemblies focusing on the suicide victim.	

Note. Adapted from "The School Psychologist's Role in Suicide Prevention," by J. Sandoval, & S. E. Brock, in press, *School Psychology Quarterly*, and based upon suggestions made by Berman and Jobes (1991); Davidson (1989); Garfinkel et al. (1988); McKee, Jones, and Richardson (1991); and Ruof and Harris (1988).

Poland, S. (1989). *Suicide intervention in the schools.* New York: Guilford Press.
This is another volume prepared for school-based personnel reviewing procedures for working with suicidal youth. The author's experiences provide a number of practical suggestions for work in school settings.

Silverman, M. M., & Maris, R. W. (Eds.). (1995). Suicide prevention toward the year 2000 [Special issue]. *Suicide and Life-Threatening Behavior, 25* (1).
This special issue of the prominent journal on suicide is a compendium of current research on the topic of adolescent suicide. Several authors cover topics such as the prevalence of the problem, prevention strategies, and clinical techniques.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Best Practices in Suicide Intervention

by Scott Poland, Ph.D., NCSP
Cypress-Fairbanks (TX) Independent School District

Overview and Scope of the Problem

Completed Suicides

Much has been written about the increasing numbers of suicidal youth and of completed suicides. It is important that school psychologists have accurate information about the extent of the problem. The Center for Disease Control (CDC) in Atlanta, Georgia, compiles data on suicides and publishes reports annually detailing the incidence rates by age categories and state of residence.

Berman and Jobes (1991) pointed out that the suicidal behavior of young people over the past 30 years has generated a great deal of public concern. They emphasized the high suicide rate for young people between the ages of 15 and 24. Specifically there has been a 312% increase in the youth suicide rate from 1957 to 1987 for youth ages 15 to 19. The CDC (1992) pointed out that the youth suicide rate remains at or near an all-time high. Over the past decade suicide has been either the second or third leading cause of death for young people. The leading cause of death for young people has remained accidents with suicide and homicide exchanging places from year to year. In 1992 the CDC listed suicide as the third leading cause of death for youth under the age of 19.

Suicide rates vary by age, sex, and race. School psychologists are logically the most concerned about the suicide rate for school-age youth 5 to 19. Suicide rates are reported per 100,000 for each age range. The United States had 30,906 completed suicides in 1990 of which 4,869 or 13.3% were completed by young people ages 15 to 24 with an incidence rate of 12.4 per 100,000 (National Center for Health Statistics, 1993). Berman and Jobes (1991) cited an incidence rate of .98 per 100,000 in the 10 to 14 age group, and no incidence figures for youth under the age of 10 reported for the same year, 1989. A national goal has been set to reduce the youth suicide rate by the year 2000 but there appears to be little progress and Pfeffer (1986) predicted a 94% increase in the 15- to 19-year-old category by the year 2000.

Suicidal Ideation

This chapter's author (Poland, 1989) reviewed a number of national surveys of high school students. They indicated that, across the nation, between 8% and 14% of all high school students reported an attempted suicide and 25% to 35% admitted to suicidal thoughts. The CDC (1992) found the following data on high school students:

- Eight percent had already attempted suicide.
- Twenty-seven percent had seriously contemplated it.
- Sixteen percent had made a plan to commit suicide.

Davis and Sandoval (1991) reviewed figures on incidence and attempts and estimated the following prediction for a high school of 2,000 students.

- One suicide every 5 years.
- 168 to 400 annual attempts.

There is not much information available on the extent of suicidal ideation of elementary- and middle-school-aged students. My earlier report (Poland, 1989) indicated that the suicide of young people under the age of 10 is rare and the most cited explanations for lower incidence when compared to adolescents are:

- Less depression, alienation, and loneliness.
- More involvement with parents.
- Less drug and alcohol involvement.
- Less access to firearms.

School psychologists are encouraged to become familiar with incidence figures from their county and state. It is also important to be aware of racial and regional differences in suicide rates. Suicide rates are higher in western states of the United States which have a high Native American population. Leenaars and Wenckstern (1991) also pointed out that many researchers feel that governmental figures are actually an underestimation of the problem. Added to that is the fact that schools can be greatly affected by the suicides of individuals other than students such as a parent, teacher, neighbor, or sibling (Poland, 1989).

Basic Considerations

Youth suicide has many implications for the schools. Laws in 12 states address the role of the school in prevention (Nguyen & Siver, 1993), and most states are studying the problem of youth suicide. No national legislation has been passed although the federal government sponsored a national conference in 1985. The strongest proponent for national legislation has been U.S. Representative Ackerman (1993) who emphasized that the federal government must fund youth suicide prevention efforts and encourage cooperation at all levels of government.

The question of the responsibility of the schools with regards to youth suicide is not a new one. Stekel, a social scientist, commented on an outbreak of youth suicide in Europe in the early 1900s, "The school is not responsible for the suicide of its pupils, but it also does not prevent these suicides. This is its only, but perhaps its greatest sin" (quoted in Peck, Farberow, & Litman, 1985, p. 158). Few schools are prepared to deal with youth suicide, and not enough policies and procedures have been written to clarify the role of school personnel (Harris & Crawford, 1987; Poland, 1989). Ross (1985) stressed that it is fear and not lack of concern that results in school administrators being reluctant to work on this problem. Few school administrators have received any formal training in suicide prevention. They believe many misperceptions about youth suicide and see it as a problem that happens elsewhere.

School prevention programs began in California in the 1970s and have spread by a grassroots effort with each school re-inventing the wheel (Ryerson, 1988). It is evident that school psychologists are the first professionals school personnel are going to turn to when they feel that a student might be suicidal. Davis and Sandoval (1991) cited one study that found that 79% of teachers would turn to the school psychologist first for assistance. Therefore, school psychologists are in a position to clarify the schools' role and write policies and procedures to work on this problem. Several writers emphasize that intervention programs in the school are effective (Cantor, 1987; Guetzloe, 1989; Leenaars & Wenckstern, 1991; Ross, 1985; Ruof & Harris, 1988.

Case Example

A high-school English teacher read a theme by a ninth-grade girl containing many references to hopelessness and nonexistence. The teacher asked the girl to stay after school and directly inquired about how things were going for her. The girl shared many family, school, and romance problems that were bothering her. She stated, "My life is hopeless and not worth living." The teacher told her that help was available and that the teacher cared. The teacher escorted her to the school counselor's office. The school counselor spent a lot of time establishing rapport with the student and gathering a careful case history. The girl had attempted suicide 6 months ago by taking aspirin. She became ill but told no one what she had done. The girl's aunt had committed suicide by carbon monoxide poisoning, and the girl planned to utilize that method next time. She had carefully thought out when she could go into the garage without being detected and had imagined how others would react to her death. The school counselor called the school psychologist for assistance. The girl signed a no-suicide contract and was told that her parents would be called and that this was in her best interest and in accordance with school policy. She was told that many other students had been helped and that the school

psychologist and counselor would solicit a supportive reaction from her parents.

The parents initially refused to come to school. When they did arrive, they were angry at their daughter for not telling them about her suicidal thoughts. A referral was made to a private practitioner who had experience working with suicidal teenagers. The parents were provided with specific suggestions about supervision and support of their daughter. A follow-up appointment was made at school with the student and the school counselor. The principal was informed of the situation and the referring teacher was complimented on her role. The girl was monitored closely over the next several years. She never attempted suicide again. Shortly before graduation she stopped in and thanked her English teacher for helping her. The student stressed that her life was not wonderful but she was glad to be alive.

Forces and Factors in Youth Suicide

Space does not permit a detailed examination of the numerous forces and factors that school psychologists need to be aware of (see, instead, Poland, 1989).

However, the following section indicates the major events and circumstances in youth suicide. A precipitating event may cause a young person to act on suicidal thoughts. The most common precipitating events involve arguments with parents, boyfriends or girlfriends, or the loss of a loved one (Eyeman, 1987; Porter, 1985). Shaffer (1988) stressed that discipline incidents and loss of face with peers are also factors.

Depression has long been considered the most important warning sign of suicide. Numerous researches stress that depression in children does exist but does not account for all youth suicides. Conduct disordered adolescents are also at risk to commit suicide (Eyeman, 1987; Shaffer, 1988).

Substance abuse is now known to play an important role in youth suicide. Substance usage may cause a young person to lose contact with reality and increases the chance of a suicide attempt. Alcohol and many other drugs are depressants which only add to a young person's problems. Davis, Sandoval, and Wilson (1988) suggest that substance abuse be added as a major warning sign of suicide.

Students who run away also may be at risk for suicide. Researchers have found that runaways attempt suicide approximately 20% of the time (Engleman, 1987; Fortinsky, 1987).

How children develop their concept of death is important. The young child may view death as something that is either reversible or only happening to the very old (Davis, 1985; Pfeffer, 1986). Adolescents may also have some misperceptions about the finality of death. Young children who talk about life-threatening, risk-taking behavior need to understand the possibly fatal consequences. The school psychologist should inquire as to the beliefs that the suicidal young person has about death. The young person who has spent lots of time imagining the reaction of others to his or her suicide may be at high risk to commit suicide (Davis, 1985; Poland, 1989).

Some youngsters' suicidal behavior is attention getting and manipulative. Barrett (1985) stressed that parents need to recognize that the young person wants something to change and parents should let themselves be manipulated until they get professional help.

Other factors that may greatly influence a particular child include:

1. Suicidal statements or suicide attempts by a parent.
2. Motion pictures that deal with suicide.
3. Suicidal song lyrics.
4. News coverage that glamorizes or mysticizes a suicide.

There has been a dramatic change in the methods employed to commit suicide by young people. Females are increasingly committing suicide by using guns. A strong correlation has been found between gun ownership and suicide with guns involved in approximately 60% of all suicides (Lester, 1988; Loftin, C., McDowell, D., Wiersema, B., & Cottey, T. 1991). The dramatic three-fold increase in youth suicide since the 1950s is almost entirely attributable to the increase in suicide by firearms according to Perper, Allman, Moritz, Wartella, and Zelenak (1991). Many professionals believe the single greatest factor to reduce youth suicide would be decreasing handgun access to troubled youth. Loftin et al. (1991) cited growing research demonstrating that handgun control legislation reduces the youth suicide rate.

The CDC (1992) reported that none of the youth suicide prevention programs surveyed addressed restricting access to guns despite the evidence of its effectiveness. School psychologists will be in a position to address gun availability with young people and their parents and need to be specific about the need to remove guns from troubled youth. One teenager in her good-bye note to her parents questioned why they made suicide so easy by leaving a gun available (Poland, 1989).

There is no single factor or cause that explains youth suicide. Siebel and Murray (1988) stress that there may be as many as 28 factors or causes. School personnel need to be aware of these factors, and if at all concerned about a particular student, they need to inquire further.

Developing a Suicide Intervention Program

Every school system needs a written policy to clarify the school's role. These procedures need to address the three levels of intervention outlined by Caplan (1964) and elaborated on by Poland, Pitcher, and Lazarus in the chapter in this volume on Crisis Intervention. These three levels — primary prevention, secondary intervention, and tertiary intervention — correspond well with the terms utilized in the suicidology literature of prevention, intervention, and postvention. Vidal (1986) stressed that help for a suicidal student is contingent on school personnel knowing the policy. The obligations of the school at a minimum are (see Poland, 1989, for more detail):

1. Detect suicidal students.
2. Assess the severity level of their suicidal symptoms.
3. Notify parents.
4. Secure the needed mental health services and supervision for the student.
5. Follow-up at school.

Detection

All school personnel including bus drivers and aides need information on the warning signs of suicide as identified by the American Association of Suicidology (AAS; 1977). These warning signs include the following verbal and behavioral clues:

1. Suicide threats or statements.
2. An attempt at suicide.
3. Prolonged depression.
4. Dramatic change of behavior or personality.
5. Making final arrangements.

School personnel should be encouraged to reach out to help suicidal students and should follow district policy in referring students. School personnel must not keep a secret about suicidal behavior and need to understand the situational nature of youth suicide. They should feel empowered that they could save a life as in the case example.

Assessment

School personnel must be skilled at assessing the severity level of a suicidal student's symptoms. The most logical personnel to do this are school psychologists. They need to be prepared for whenever suicidal issues may come up by working through personal issues and perceived inadequacies in this area and by investigating the various suicidal assessment scales. It may be advisable to rehearse with a colleague or even a drama student intervening with a suicidal individual.

There is no one scale or set of questions recommended for use with a suicidal student. Davis et al. (1988) reviewed the available instruments. Although they cautioned that more validation needs to be done, they noted the following instruments as the most promising ones:

1. The Hilson Adolescent Profile developed by Inwald, Brobst, and Morrisey (1987).
2. The Suicidal Ideation Questionnaire developed by Reynolds (1987).
3. The Suicide Probability Scale developed by Cull and Gill (1982).

Hoff (1978) questioned the effectiveness of lethality assessment scales and instead stressed communication and the establishment of rapport with the student. Barrett (1985) emphasized the importance of carefully gathering information from the student to guide actions and pointed out the distinction between assessment and prediction. McBrien (1983) stressed that practitioners must stay calm and ask a series of questions as if the student were planning a trip. The need for direct inquiry into suicidal thoughts and plans is essential.

A careful case history and thorough inquiry into the suicidal plans and actions can be outlined through sample questions (see Poland, 1989). A number of suicidal assessment scales classify students into the categories of low, medium, and high risk for suicide. The school psychologist needs to be careful not to categorize a student as low-risk based on the psychologist's need rather than on the information gathered from the student.

No-suicide contracts have been shown to be effective in preventing youth suicide. Figure 1 is a sample no-suicide contract. This type of contract helps the student take control over their suicidal impulses and reduces the anxiety of both the student and the school psychologist (Berman & Jobes, 1991; Davis & Sandoval, 1991; McGrien, 1983). However, contracts should not be used in isolation (Barrett, 1985). A student who refuses to sign a no-suicide contract should be supervised until parents can pick them up and hospitalization may be needed.

A number of assessment approaches were reviewed by Davis and Sandoval (1991). They emphasized the importance of school personnel following one of the available models and techniques which provide the practitioner with structure to follow in a very anxiety-provoking situation. They caution school personnel to recognize their limitations and cited research demonstrating the impulsivity of youth who committed suicide. School psychologists dealing with suicidal youth should seek support and collaboration from their colleagues (Poland, 1989).

Parent Notification

Parents must be notified any time it is believed that a child is suicidal. The question is not whether to call them but instead what to say to them. The goal of parent notification is to safeguard the welfare of the student. The school psychologist who notifies parents is also protecting himself or herself from liability. School districts and school employees have been sued for inadequate suicide prevention programs.

Slenkovitch (1986) has stressed that schools should never take a suicide threat lightly. Davidson (1985) and Henegar (1986) discuss the question of liability. They clarified the importance of one's duty to care and the foreseeability of a client's actions and stated that the primary issue is negligence. Henegar commented in part, "a negligence theory in a suicide case is not generally a claim that one caused the suicide but rather that one did not take reasonable steps to prevent it" (1986, p. 4). Henegar made several recommendations that have implications for school psychologists.

1. Increase supervision of the student.
2. Limit access to self-destructive instruments.
3. Obtain psychological treatment for the student.

Davis and Sandoval (1991) discussed several cases brought against the schools by the parents on the grounds that their child's death resulted from school personnel having inadequate training in suicide prevention. Texas has addressed this issue by recommending yearly training for all educators on the warning signs of suicide. It seems clear that school personnel need training and that parents must be notified when a student makes suicidal statements or engages in suicidal actions. A ruling by the Court of Appeals inMaryland held that school counselors may have a duty to intervene to prevent a suicide. The case involved a junior-high-school student who made suicidal statements to friends. The case Eisel versus Board of Education, Montgomery County, Maryland, was discussed in detail by Owens (1992). Eisel, when questioned by school counselors, denied any suicidal ideation, and the counselors chose not to notify her parents. Eisel was murdered in a murder-and-suicide pact one week later, and her father filed suit contending that counselors were negligent in not notifying him. The Court of Appeals ruled that the counselors did have a duty to warn the father and should have been

able to foresee the suicide despite Eisel's denial. This case was appealed and a recently completed 2-week civil jury trial found that the school counselors were not liable for the one million dollars in damages sought by the father of the deceases (Jennings, 1994). This case takes school personnel into new territory with regards to parent notification. The safest course of action would be notifying parents that you heard that their son or daughter was suicidal but that the statements were denied by the student. This case and many others illustrate the need to notify parents when in doubt and to keep careful records of interactions with suicidal students.

FIGURE 1. A sample no-suicide contract.

I _____ agree not to harm myself.
(Student Name)

If I am having thoughts of harming myself or committing suicide, I will do the following until I receive help:

- Get assistance from an adult
- Call the Crisis Hot-Line at _____
- Call the school psychologist or school counselor at _____
(Name and Phone Number)

I understand the contract that I am signing and agree to abide by it.

_____
(Student Signature)

_____
(School Personnel Signature)

Most suicidal students will be relieved that their parents will now know what has been on their mind. Parental reactions may range from extreme cooperation to extreme denial and anger at the school. A common initial parental reaction is one of being hurt that their child is thinking of suicide. Johnson and Maile (1987) recommend that parents do the following:

1. Be patient, show love, and seek out the help their child needs.
2. Take threats and gestures seriously.
3. Keep communication open and get help with no strings attached.

The challenge to the school psychologist is to notify parents in a way that elicits their support and to convince the parents to obtain the needed services for their child. Stanton and Stanton (1987) emphasized finding parental strengths and empowering the parent with the belief that their child can be helped. It is advisable to document parent notification and to have two school personnel present at the conference where parents are notified. A resistant parent should be asked to sign a form acknowledging that they have been notified of their child's suicidal state (see Figure 2).

Parents who refuse to follow through on the recommendation for community treatment services need to be told that it is neglectful not to get treatment for a suicidal child and that school personnel will call the child welfare department. A resistant parent might forbid the school psychologist to talk with their child. Some states, such as Texas, have passed legislation that allows psychologists to provide services to a suicidal minor without the parents' permission.

Working with suicidal students causes anxiety. Brown and Schroff (1986) recommended that school psychologists take care of themselves by

1. Getting the opinion and support of others and processing feelings.
2. Recognizing that no one can assume the responsibility for the life of an individual who is threatening suicide.

FIGURE 2. A sample notification of emergency conference.

I, or we _____, the parents of _____ were involved in a conference with school personnel on _____. We have been notified that our child is suicidal. We have been further advised that we should seek some psychological/psychiatric consultation immediately from the community. School personnel have clarified the district's role and will provide follow-up assistance to our child to support the treatment services from the community.

_____ _____
(Parent or Legal Guardian) (School Personnel — Title)

_____ _____
(Parent or Legal Guardian) (School Personnel — Title)

The approach just described is only one aspect of youth suicide prevention described by the Center for Disease Control (1992). These activities fall in the category of what they refer to as School Gatekeeper Training. They also encourage that suicide prevention information be presented to parents and community members such as clergy, police, merchants, and recreational staff who are Community Gatekeepers. Peer Support Programs designed to foster competency, peer relations, and social skills are also recommended.

Community Services

School psychologists need to be familiar with community resources to assist suicidal students. A goal should be to establish a cooperative relationship between the school, the parent, and the community mental health provider so that maximum support is provided to the student. The school psychologist should not accept the primary responsibility of treating a suicidal student although he or she will need to continue to provide support and monitoring at school even though the student is receiving community services.

Summary of Intervention

The key points in the intervention process can be summarized as follows:

1. Try to remain calm and seek collaboration from a colleague.
2. Gather case history information from the student and approach the student as if he or she were planning a trip.
3. Ask specific questions about the suicidal plan and the frequency of suicidal thoughts and remove any lethal weapons.
4. Emphasize that there are alternatives and the student is not the first person to feel this way.
5. Do not make any deals with the student to keep the suicidal thoughts or actions a secret and explain your ethical responsibility to notify the parents of the student.
6. Have the student sign a NO-SUICIDE CONTRACT and provide the student with the phone number of the local crisis hot-line.
7. Supervise the student until parents have assumed responsibility. (Poland, 1994)

Postvention

Schools are frequently not prepared to deal with the aftermath of a suicide yet few events are more disruptive. Experts have emphasized that a series of planned steps must take place to minimize the chances of a second suicide and to help students and faculty deal with their grief (Kneisel & Richards, 1988; Lamb & Dunne-Maxim, 1987; Leenaars & Wenckstern, 1991). Postvention policies need to be in

place prior to a suicide. Numerous writers have emphasized that the suicide must be acknowledged and discussed (Biblarz, 1988; Davis & Sandoval, 1991; Ryerson, 1988). Normal procedures in the event of a death should be followed with an emphasis on avoiding a dramatic, romantic, or mystic treatment of the suicide. The task facing most school survivors is grief resolution. Homeroom discussions need to provide an opportunity for students to express their grief. Lamartine (1985) pointed out that the suicide of a student increases the probability 300% that a second suicide will occur. School psychologists need to identify other students at risk to commit suicide and provide assistance to them. Everyone at school needs to know the warning signs of suicide and to feel empowered to prevent further suicides. The following postvention guidelines were developed by the American Association of Suicidology (AAS; 1991):

1. Don't dismiss school or encourage funeral attendance during school hours.
2. Don't hold a large-scale school assembly or dedicate a memorial to the deceased.
3. Do provide individual and group counseling.
4. Verify the facts and do treat the death as a suicide.
5. Do contact the family of the deceased.
6. Do emphasize that no one is to blame for the suicide.
7. Do emphasize that help is available and that suicide is preventable and everyone has a role to play in prevention.

The AAS Postvention Guidelines (1991) also contain a number of recommendations for the media. There is growing national awareness that dramatic media coverage of youth suicide may contribute to the cluster phenomenon. Specific AAS suggestions for the media are:

1. Avoid details of the method and front-page coverage.
2. Do not report the suicide as unexplainable or the results of simplistic causes.
3. Do not print a photograph of the deceased.
4. Include positive outcomes of suicidal crises and emphasize where suicidal youth may obtain help.

Youth suicide is not news in most of our large cities unless several suicides occur in the same school. The fact that it is not news is a blessing but a sad commentary on the times. Much is still not known about suicide clusters and contagion although the Center for Disease Control is in the midst of a several-year study.

School psychologists do need to know that not everyone agrees with guidelines developed by the AAS. In particular, recommendations made by the Phi Delta Kappa Organization (1988) are in conflict on key points. Phi Delta Kappa recommended that the death not be treated as suicide and suggested that all concerned be forbidden to use the word "suicide" in order to protect the privacy of the family. A school administrator who has not thoroughly researched this area might follow these guidelines which also call for having all students who want more information about the death to gather in a large assembly. This leads to dramatization and glorification of the suicide.

Curriculum Issues

Curriculum approaches to suicide prevention fall into two categories. The first approach emphasizes a positive school climate; affirms life; and promotes life skills for students, especially problem solving (Sowers, 1987). All professionals agree with the importance of this approach. The second approach involves directly talking in the classroom about suicide as a mental health problem (California State Department of Education, 1987). These classroom presentations emphasize the warning signs, befriending skills, friend intervention, and the situational nature of suicide. Also included are the relationship between suicide and substance usage and community services available to help a suicidal youth.

There is debate about whether such an approach is recommended. Shaffer (1988) and colleagues Vieland, Whittle, Garland, Hicks, and Shaffer (1991) called for a moratorium on such curriculum presentations and noted that they were developed because the schools felt a need to do something. Smith (1988) commented on Shaffer's research and noted that most students who participate in curriculum programs view them positively. Holtzman (1991) cautioned against prematurely stopping curriculum presentations to prevent youth suicide and emphasized the limitations of the research done by Shaffer

and colleagues and that all concerned were upset about newspaper headlines that suicide preventive programs were harmful to young people. The central issue to this controversy seems to be that curriculum presentations somehow plant the idea of suicide. This point is at the basis of Schafly's (1985) objections to curriculum presentations. A logical question is, "Can teenagers translate information presented to them into life-saving behavior?" Numerous evaluators have said "yes" to this question.

The question of whether parent permission should be obtained prior to a student participating in a curriculum presentation has been raised as well as the relevance of the Hatch Amendment (Davis et al., 1988; Shafly, 1985). Florida requires parent permission, for example, while California does not. An unfortunate consequence of the curriculum debate is that many school districts have misinterpreted the debate to mean that professionals do not agree on schools needing to prepare and take systematic steps to prevent youth suicide. This is not the case and no debate exists about the basic role of the school in detecting and assisting suicidal youth.

School psychologists need to be involved in determining the need for curriculum presentation in their district and selecting materials if presentations are to be provided to students. My 1989 book describes in detail how a school psychologist can design a carefully integrated mental health unit on suicide which addresses the biggest professional frustration that friends always knew about the suicidal actions of the deceased but unfortunately did not look to adults for help. There is every indication that with adult professional assistance the majority of youth suicides could be prevented.

The Center for Disease Control (1992) reviewed curriculum approaches to prevent youth suicide and summarized the following research findings:

1. Participants had short-term increases in knowledge about suicide prevention and knew more about mental health referral sources.
2. There is no evidence of increased suicidal behavior on the part of program participants.
3. The highest risk is that students may react negatively, and school personnel should be ready to assist any student who finds the program upsetting.

CDC recommends that suicide prevention programs be incorporated into existing health curricula rather than a highly visible special program. Programs were typically only 1 to 3 hours in length, and professionals must be cautious about what can be expected from a brief presentation. No program surveyed sought to measure changes in behavior such as students referring themselves or friends for assistance.

Summary

The problem of youth suicide is at or near an all-time high but is somewhat overshadowed by concerns about other problems that face young people today such as violence, drugs, poverty, teen pregnancy, and AIDS. Many of these problems are inextricably linked. School psychologists have historically not been trained in suicide intervention despite the fact that they are the first professionals school personnel turn to for assistance in this area. It is important that school psychologists provide leadership to help schools respond to the problem of youth suicide. The following recommendations from the Center for Disease Control (1992) should guide the actions of school psychologists:

1. School programs need to link up more with community resources.
2. More programs need to focus on reducing access to lethal weapons, especially guns.
3. To address high-risk youth, suicide prevention programs need to be linked with other programs such as alcohol, dropout, and pregnancy programs.
4. The lack of evaluative data on prevention programs is a great obstacle to improving prevention efforts.
5. Programs need to be developed to focus not only on school-aged youth but also on the 20 to 24-year-old population who have a suicide rate twice that of teens.
6. Schools need carefully written policies and procedures to address the problem of youth suicide, and school personnel need training on the warning signs of suicide.

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— reprinted from A. Thomas & J. Grimes (Eds.) (1995). Best practices in school psychology–III. *Bethesda, MD: National Association of School Psychologists.*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

School-Based Youth Suicide Response Programs

by John Kalafat, Ph.D.
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A 300% increase in adolescent suicide rates between 1960 and 1980 spawned a wide variety of school-based youth suicide response programs throughout the country. By the early 1990's, media attention to youth suicide began to wane and, while many school-based response programs remain in place, there is also evidence that such programming has declined. These trends are of concern because, between 1980 and 1992, suicide rates increased among both 10 to 15 (120%) and 15 to19 (28.3%) year-old groups. Also, according to a variety of surveys of students, the prevalence of suicide *attempts* among adolescents remains at about 10%.

This article will present rationale, components and implementation barriers for suicide response programs, using as an example a recent combination of two such programs that have obtained positive and sustained results in reducing youth suicide.

Program Rationale

The following facts provide the bases for establishing school suicide response programs:

- Most suicidal youths confide their concerns more often to peers than adults.
- Disturbed youth (e.g. depressed, substance abusers) prefer peer supports over adults more than their nondisturbed peers.
- Some adolescents, particularly some males, do not respond to troubled peers in empathic or helpful ways.
- As few as 25% of peer confidants tell an adult about their troubled or suicidal peer.
- School personnel are consistently among the *last* choices of adolescents for discussing personal concerns.
- Conversely, research has shown that contact with helpful adults may be considered a *protective factor* for a variety of troubled youth.
- There is also evidence that *provision of help by youths* may be beneficial to them: participation in helping interactions can shape prosocial behaviors and reduce problematic behavior and is related to social competencies that can carry over to other challenging situations.

Therefore, the overall goal of these programs is to increase the likelihood that school gatekeepers (administrators, faculty and staff) and peers who come into contact with at-risk youth can more readily identify them, provide an appropriate initial response to them, will know how to obtain help for them, and are consistently inclined to take such action. Toward this end, suicide response programs provide training and procedures that help schools respond to youth at risk for suicide.

Program Overview and Components

While there is probably some variation among existing programs throughout the country, the best ones have become more focused and efficient. An example of such programs is a recent combination of two long-standing comprehensive programs, *Lifelines* and *ASAP: Adolescent Suicide Awareness Program* (Kalafat & Ryerson, in press; see endnote). These programs are sensitive to the strains placed on school resources by requirements to address the growing number of youth risk behaviors such as substance abuse, early sexual activity and interpersonal violence. They have been designed

to fit into schools' ongoing crisis response procedures and health promotion efforts. Schools are not asked to address the root causes of suicidal behavior. Rather, the role of schools in suicide prevention is framed as a crucial but limited one that conforms to their mandate to protect and educate students. Based on the concept of crisis intervention as prevention, their goal is to ensure that adults and students in schools can provide a rapid and supportive response to troubled and at-risk students.

These programs share a number of features that enhance their implementation and institutionalization in schools:

1) They are carefully packaged with detailed instructions, lesson plans and implementation guidelines so they can be adapted and maintained by school personnel.
2) They are educational rather than "clinical" in focus and employ appropriate instructional principles.
3) They address and aim to improve the supportiveness of all levels of the school organization.

The programs consist of four basic components:

Administrative consult: The length of time of this consult varies depending on what is in place at the school. The purpose is to ensure that 1) the school has written and disseminated policies and procedures for responding to at-risk students, attempts and completions; 2) there are working relationships with community providers who will take referrals from the school and are available for consultation and postvention in the event of the death of a student or other school personnel; 3) administrators are familiar with and approve of the suicide response program.

Faculty/ staff presentation: This is usually a 1.5 – 2 hour presentation to all faculty and staff that addresses suicide myths, facts and warning signs; their role (supportive initial responses— identify, respond, refer); students' views as to characteristics of helpful adults and barriers to help-seeking; school and community resources; and school policies and procedures.

Student curriculum: This is designed as four participatory class periods of the health curriculum that address the knowledge, attitudes and skills necessary for responding to at risk peers and obtaining adult help for them. Instruction is provided by classroom teachers who have received training in youth suicide prevention. The classes include brief presentations, exercises, videos and role-plays that cover suicide myths, facts and warning signs; how to respond to and obtain adult help for troubled peers; and school and community resources. Students are provided wallet cards that contain school and community emergency numbers.

Parents' presentation: This 1.5 hour presentation addresses suicide myths, facts and warning signs; obtaining help for troubled youth; the school suicide response program; and strategies for restricting access to means.

Other needs: Some schools may also need assistance in developing crisis response teams, and community professionals often need additional training in management of suicidal clients and collaborating with schools in this endeavor.

Evaluation

Controlled studies have provided evidence that carefully designed and implemented programs can increase the likelihood that students will tell an adult about at-risk peers. Two programs were implemented in a large number of schools in high-enrollment counties and retained for periods of five and ten years, respectively. Reduced youth suicide rates occurred in the counties in which the programs were operating, while rates for the state for the same time period did not decline (Kalafat & Ryerson, in press; Zenere & Lazarus, 1997).

Barriers

We recognize that encouraging students to tell adults about at-risk peers is only half the battle if school-based adults remain temporally, culturally or psychologically inaccessible to students. Recent research has identified barriers to help-seeking which schools must address, including insensitivity to or lack of awareness of the local adolescent subculture, class schedules and counselor-student ratios

that attenuate meaningful interactions between students and adults, and dual adult roles that include disciplinary and evaluative functions.

There are a variety of reasons why some school officials may not be receptive to programs to address youth suicidal behavior. There remains a cultural taboo against acknowledging and discussing suicide which can lead to denial of such behaviors by school officials, particularly if they do not actually occur on their campuses. Such denial also is reflected in the failure of communities to report some suicides, particularly for the younger age groups. School officials are also reluctant to commit limited resources to yet another problem area that, again, is not as readily apparent as others such as violence or substance abuse. Finally, concern about educational programs for students on this topic have been fed by the persistent myth that talking about suicide with youths will somehow prompt suicidal behavior, a myth that has also been associated with sex education and early substance abuse programs.

In regard to the concern about taxing schools' limited resources, increasingly focused and efficient programs have been designed to fit into school's ongoing crisis response procedures and health promotion classes. Based on the concept of crisis intervention as prevention, their goal is to ensure that adults and students in schools can provide a rapid and supportive response to troubled and at-risk students. This can be seen as contributing to positive school climate.

In regard the myth that these programs are harmful, in an extensive review of youth suicide prevention programs, the Centers for Disease Control and Prevention concluded that "There is no evidence for increased suicidal ideation or behavior following these programs" (CDC, 1992, pg. 66).

A Call for Comprehensive Prevention Programs

Based on evidence for the co-occurrence of youth risk behaviors, there is a call for comprehensive generic prevention initiatives as opposed to the proliferation of problem-specific programs. These proposals include such individual competencies as social problem solving and such systemic interventions as increased opportunities for meaningful student interactions with school-based adults and participation in school operations. Given that such competencies and interactions have been identified as important protective factors, such approaches may prove to be our most effective long-term prevention strategies for reducing risk behaviors, including suicide. However, even if such programs eventually become evaluated and widespread, schools will still need to be prepared to respond to specific crisis situations. Programs that accomplish this while enhancing students' prosocial behaviors and the level of support in the school community can effectively complement such initiatives.

Resources

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John Kalafat, Ph.D., is a faculty member of the Rutgers Graduate School of Applied and Professional Psychology and Director of the Prevention Division of the American Association of Suicidology. Both Lifelines *and* ASAP *have been revised since their original publication and, in fact, combined. Information about the updated, combined version of these programs is available from Dr. Kalafat at: Rutgers GSAPP, 152 Frelinghuysen Rd., Piscataway, NJ 08854-8085; PH: (732) 445-5803; Fax: (732) 445-4888. Previously published in the November 1998 issue of* Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Suicide in Children and Adolescents

Information for Parents

by William O. Hahn, NCSP
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Background

It is estimated that a child or adolescent will commit suicide every 90 minutes. Suicide among individuals age 15-24 is the third leading cause of death. Research indicates that over 60% of all high school students contemplate suicide at some time during the school year, while 8-13% engage in suicidal behavior. From 1980-1992, the rate of suicide among 10-14-year-olds increased 120%. Add to these statistics those children who attempt suicide and we have a problem of almost epidemic proportions.

Development

While suicide is considered to be a uniquely individual act, there are some common trends and identifiable traits. Children as young as 2 or 3 may attempt suicide, but they do not usually utilize a lethal method. Even children between the ages of 6 and 10 tend not to use lethal methods. This seems due to the fact that younger children are almost "protected" from self-destruction by virtue of their immaturity. A common factor present in suicidal young children, which tends to prevail even into adolescence, is a strong sense of abandonment or rejection by a significant other. As children become older stress factors may intensify and add to the problem. Significant stressors such as addition of a third party to the family, sibling birth, parental divorce, and as was mentioned, a sense of abandonment all play an important part. Losses such as these often result in a decrease in self-esteem and an increase in anger or rage. Thus suicide for the child becomes either an attempt to alter an intolerable situation, a cry for help, or a means of gaining attention, love, and affection from significant others. Suicide rates are particularly high among gay teenagers, reflecting the rejection they may feel or anticipate from family and peers and sense of isolation.

In adolescence, suicidal behavior is related to the following risk factors:

1. Loss of significant other
2. Recent suicide of a peer or family member
3. Legal difficulties
4. Unwanted pregnancy
5. Family stress (including divorce, separation, unemployment)
6. Recent and/or frequent changes in school
7. Difficulties in relationships
8. Depression and withdrawal
9. Disorientation and isolation, psychiatric disorders
10. Substance abuse
11. Poor school performance

As with younger children, these teenagers often find themselves in what they consider to be an intolerable situation. Unfortunately, they become rigid in their thinking, unable to see any alternatives other than suicide. Often there are prevailing feelings of hopelessness, (that is, the feeling that there is no hope, and that the future looks bleak). With these types of views, and an inability to see alternatives, the child's only solution becomes a suicide.

Five danger signs of suicide:

1. A suicide threat or statement indicating a desire to die
2. A previous attempt
3. Severe depression
4. Marked changes in personality or behavior
5. Making a will or giving prized possessions away

What Can I Do as a Parent?

It is important for the parents to be aware of his/her child's moods, feelings and attitudes. *Sudden mood swings* or *marked changes in behavior, decreasing grades* and/or *withdrawal from friends* often signify the onset of depression. The parent must realize that this is often not just a "phase" that the child is going through, but indications of a problem. Of primary importance in helping these distressed children is letting the child know that no matter what, you are there as a parent to help them, that you care for them, and love them. While you might not be able to heal their pain, resolve their problems, or even understand what they are going through, you must let them know that you are willing to listen and help them in whatever way possible.

As a parent, if you begin to notice signs of depression, or more importantly, signs of suicidal behavior, you should begin by talking with your child. Let him or her know that you will listen, and that you are not going to judge him. Encourage her to express her feelings and really listen. Try not to criticize or downplay his feelings. At some point, it will become necessary to ask him if the has thought about suicide. (You are not putting an idea into her heads—the majority of children and adolescents know what suicide is, so you are not giving them any suggestions.) If she has seriously thought about suicide, then it is time to seek professional help, either through the school, local mental health agency, private agency, suicide hotlines or your family physician. If, in addition to the suicidal thought, the child has a plan of suicide, then serious consideration should be given to hospitalization of the child for her own protection. Any time that you fear that your child might be suicidal, it is imperative that you seek the help of qualified professionals. It is also advisable that you remove any guns from the house, as this is the most lethal of all methods, and also one that is prone to be used impulsively.

After the suicidal crisis is over, you must continue to support, listen, and care for your child. You don't want him to think that he must threaten suicide in order to get your attention. It is also important to follow-up with a mental health agency, in order to resolve the difficulties that stimulated the suicidal behavior. Remember, youth suicide is a family problem.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: John Wiley & Sons.

Martin, M. & Waltman-Greenwood, C. (1995). *Solve your child's school-related problems* (Appendix B: Helping your child through crisis at home and at school). New York: HarperPerenniel.

Organization

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285.

Websites

San Francisco Suicide Prevention: *<http://www. Sfsuicide.org/things/html>*
[Offers a variety of information including a suicide risk evaluation tool]

Wings of Madness Suicide Resources:<http://bobbyt.simplenet.com/stuff/depress/suicide.htm>
[Webpage for SA/VE— Suicide Awareness/Voice of Education.]

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Suicide Intervention in the Schools

A Handout for School Personnel

by Scott Poland, Ph.D., NCSP
Cypress-Fairbanks ISD, Houston, TX

Incidence

The problem of youth suicide has dramatically increased in recent years: 300% since 1950; 200% since 1970; since 1982, the rate among 10-14-year-olds has increase over 120%. Adolescents are especially at risk, and gay adolescents at very high risk. Recent surveys of high school students indicate that over 60% have seriously thought about suicide and 8 to 14% have engaged in suicidal behavior. Suicide is the third leading cause of death for adolescents and young adults, with approximately 100 to 120 attempts for every death.

The suicide of elementary age students is rare with less than 200 suicides occurring annually. Young children have less thought-out plans, have a limited understanding of death, and may engage in reckless behavior.

Role of the School

- To detect suicidal students
- To assess the severity level of suicidal risk
- To notify the parents of the suicidal student
- To work with the parents to secure the needed supervision and services for the student
- To monitor the student and provide on-going assistance

Warning Signs

Everyone should know the following warning signs of suicide and the referral procedures to follow to assist the student:

- Suicidal threats
- A previous attempt at suicide
- Prolonged depression
- Dramatic change of behavior or personality
- Making final arrangements (giving things away, putting things in order)

Confidentiality

No one should keep a secret about suicidal behavior. The parents of the suicidal student must be notified. School districts and their employees have been sued for failing to notify parents, inadequately supervising and failing to get psychological help for suicidal students. The liability issues are foreseeability and negligence.

Empowerment

All school employees play a role in preventing youth suicide. Listen and hear what the student is saying. Trust your judgment and inquire directly, openly and honestly about the student's suicidal thoughts. Take definite action to get help for the student.

Key Myths Debunked

Suicide is not inherited. It is not someone's destiny. There are many people alive today who were suicidal at one time. Young people are often ambivalent about suicide and go back and forth between wanting to live and wanting to die. The young person who talks or writes about suicide may be at risk and cannot be ignored.

Factors and Forces in Youth Suicide

Researchers have identified as many as 28 different causes. There is no one type of young person that is more at risk. The following factors are involved in many youth suicides:

- Depression
- Drug and alcohol usage
- Angry and rebellious behavior
- Gun availability
- Impulsive and reckless behavior

Assessment

School employees such as counselors and psychologists should have special training to determine the severity risk level for a suicidal student. "No suicide contracts" should be utilized to gain a promise from the student not to follow through on his or her suicidal plans. Alternatives to suicide should be emphasized.

Getting Assistance for Suicidal Students

Community services such as crisis hotline centers, hospitals and private practitioners are available to assist. Parents need to be encouraged to reach out to their child through increased supervision and communication. Parents need to take suicidal threats seriously and professional help must be sought whether or not the child's behavior is manipulative. It may be necessary to document in writing that parents were notified and encouraged to get assistance in the community. School personnel should continue to monitor and assist the student.

Curriculum

There is a debate about the advisability of classroom presentations on suicide prevention. A presentation that is well integrated with a mental health unit is recommended. The information presented must also emphasize friend intervention and prevention. All information presented should be carefully selected.

Postvention

Few events are more scary than the suicide of a student. Care should be taken not to glorify the student. Memorials should be downplayed. The suicide of the student must be acknowledged and students must be allowed the opportunity to express emotions and ask questions. This discussion should be done in either small groups or a classroom format but not in an assembly. Networking counseling efforts should assist the friends of the deceased to manage their grief and should assist other students previously known to be suicidal.

Media

Coverage should be downplayed. Back page coverage if any at all is preferred. Suicide should not be portrayed as mystic, romantic, simplistic or unexplainable. Details of the method should be avoided. Emphasis should be placed on where suicidal students can get help.

Resources

Brock, S. & Sandoval, J. (1997). Suicidal ideation and behaviors. In G. Bear, K. Minke & A. Thomas (Eds.), *Children's needs II: Development, problems and alternatives* (pp. 361-374). Bethesda, MD: National Association of School Psychologists.

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Organization

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

NEAT Chairman Leads NOVA Team in Paducah

by Scott Poland, Ph.D., NCSP
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Chair, National Emergency Assistance Team

Although I spent three nights and four days in Paducah, Kentucky, I remember nothing of the geography and never knew which direction I was traveling. Normally, these are my strengths, but they somehow did not seem important at the time. However, I vividly remember the people of Paducah and my fellow team members. Leading this National Organization for Victims Assistance (NOVA) team was my most profound and challenging professional experience to date. I am very impressed with the NOVA model of group crisis intervention as well as the contributions made by this organization. By relating my experiences in Paducah, I hope to encourage more NASP members to become involved with NOVA and to go through its training.

The shooting occurred December 2, 1997 at Heath High School in West Paducah where a fourteen-year-old student opened fire with a pistol on a before-school prayer group. Three students were killed and five were wounded. NOVA requires that the crisis response team be invited, and the invitation came from the county judge in Paducah. I was told by the NOVA office that our work would be primarily in the community, and that the school had already had an initial intervention and was not receptive to any other assistance. I studied the NOVA manual all the way to Paducah, and I must say that it contains a wealth of valuable information.

Initial Contact

On Sunday, the sixth day after the shooting, I arrived at 10:00 pm and met with the other six NOVA team members. They came from all parts of the country and consisted of two ministers and four victims advocates. Much to my surprise, it became clear during our two-hour planning meeting that I was the team leader and spokesman, and that I would be making all the decisions for the group. Our local contact from the district attorney's office was invaluable and knew the powers-that-be, and all I had to do was ask that something be done or a meeting be arranged. Throughout our stay, I received excellent guidance from the NOVA national office.

Monday morning began with a meeting at the courthouse with the mayor and local judges. The purpose of the meeting was to identify those community members who needed our services. The list included the victims and their families and first responders such as medical, police and fire personnel. The only problem was that the courthouse was crawling with local and national media. I have never experienced the sensation of having thirty to forty media personnel descend with cameras and microphones — it was very difficult to concentrate. When the media followed us into the city council chambers, the local sheriff had to clear the room. We identified the groups that were at risk and scheduled two community meetings.

The first meeting would be Monday night and would provide training for local caregivers such as ministers, counselors and psychologists. The assumption was that the local caregivers were themselves affected and were in need of support and a refresher on crisis intervention principles. This assumption was correct and the caregiver session was especially well attended by local clergy. The next night (Tuesday), we would hold a community-wide intervention session.

I held a press conference to explain the purpose of the team and our activities. The media, local radio and television stations in particular, were very helpful in publicizing our sessions and their locations. Team members began contacting families, local caregivers and first responders to the scene of the shooting. There were numerous other media requests and I provided interviews to all who requested.

School Intervention

I was uncomfortable with the idea that the school did not need any additional assistance, and I asked my local contact to schedule a meeting with the school superintendents for both the county and city schools and other top administrators. The reception was a formal one with the tone that no additional assistance was needed at Heath High. I was very persistent in my discussion about the services that were needed. I was finally able to get the principal to clarify that the shooting took place in the county; that there was no nurse on site; that there was a fifteen-minute time lapse before any medical personnel reached the scene; and that no opportunity had been provided to the faculty to process dealing with dead, dying and wounded students. The Heath High principal agreed to let us provide a NOVA group crisis intervention with the entire faculty the next day (Tuesday).

The group crisis intervention with the faculty went very well. Everyone was seated in the circle and I followed the NOVA model which worked beautifully. The model begins with sensory perceptions of the event and then leads into accompanying thoughts and emotions. At first no one mentioned the blood they saw and the horror and helplessness they felt. My task was to help them ventilate and validate their feelings and then lead them into a discussion about what they faced in the future. I then helped them identify sources of strength and coping skills. They greatly emphasized and complimented the principal, their faith, families and each other.

The session lasted approximately two hours. There were times that I was afraid that I might break down, but I maintained composure and used the notes taken by the scribe to review the session. I heavily emphasized their coping skills and stressed hope for the future at Heath. The principal stood up and announced to everyone that previously he had not seen the need for this session, but that he had changed his mind about a lot of things, and he now wanted more services from the team! He thanked the NOVA team and outlined further activities in which he wanted the team to engage. We stayed and offered assistance to faculty members individually.

Last Sessions in Paducah

That evening (Tuesday), we conducted an open session for the entire community. There was an interesting mixture of community members and national media. I did not allow the media to attend the session. The NOVA model was utilized. Many strong feelings were vented and many coping skills identified.

Our team members' last day in Paducah, Wednesday, was spent working with the families of the victims and doing follow-up in the schools. One very interesting session was held at the feeder elementary for Heath High School where all the victims and the perpetrator had attended school. At the before-school session for the faculty, many thoughts surfaced that faculty members should have somehow done something different when the perpetrator attended their school. I will never forget looking at my watch and thinking that I did not know how we were going to wrap this up before school started that day. The principal leaned over and said, "Take all the time that you need" and that he would take care of all the students until our session ended. We continued our processing for another 45 minutes. After we concluded, we asked the principal what he did with the 400 students. He responded that he took them all into the gym and played Simon Says!

I had an exit meeting with the county school psychologist, and I continue to communicate with him to this day. He felt that the NOVA team had been very helpful and had set the stage for ongoing support from local caregivers like himself. An exit press conference was held that afternoon which emphasized the availability of continuing assistance to residents of Paducah from a variety of sources. A representative of the state crisis team attended the press conference and I explained the additional support that they could provide. I complimented the people of Paducah on their closely knit community and their faith. The NOVA team met briefly with city leaders to provide an overview of our activities and to explain what additional services could be provided by NOVA. We explained that an additional NOVA team could be requested, but for us it was four intense days and out.

Debriefing

Our team debriefed extensively before we all boarded separate planes. I asked the team members what we had missed or what we should have done differently, and the answer was nothing. It was difficult to leave Paducah, and especially difficult to say good-bye to the team members and our local contact in the district attorney's office. We had been through a lot together.

I maintained my composure while in Paducah, but after returning to Houston, I cried at the drop of a hat. I have had many opportunities to share my Paducah story and the retelling helps me to deal with the overwhelming emotionality. I have had several opportunities to use NOVA techniques after tragedies occurred in my own school district, and counselors and administrators are in awe about how well the model works and how much processing they have seen students do. Many counselors have commented that they will not be so anxious and scared about what to do when future tragedies occur.

My greatest contribution to the team was the fact that I used my school experience to open the door of the Paducah schools to the NOVA team. I encourage all school psychologists to become familiar with the NASP National Emergency Assistance Team and the National Organization for Victims Assistance. I am very excited about the professional alliance that NASP is forming with NOVA.

I hope to return to Paducah some day and see the town and the surroundings. It is probably beautiful. I certainly know that the people are!

Scott Poland, Ph.D., NCSP, is Director of Psychological Services for the Cypress- Fairbanks (Texas) school district and chair of NASP's NEAT Team. He recently headed another NOVA team effort following the shootings in Jonesboro, AR. This article was previously published in the May 1998 issue of Communiqué *(volume 26, no. 7).*

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NASP/NEAT & NOVA: A Crisis Partnership That Really Works

by Ted Feinberg, Ph.D., NCSP
North Colonie Schools (NY)
Northeast Region NEAT Facilitator

Picture in your mind a lovely July morning. The NASP/NEAT team members are winding their way to the NASP offices in Bethesda to begin three days of intensive training with Marlene Young, Executive Director of NOVA (National Organization for Victim Assistance). NOVA does training throughout the United States and the world to help prepare people to provide effective assistance to their own communities or other locations that have been traumatized by crises. We are all looking forward to the opportunity to enhance our crisis intervention skills and to work on developing many of the crisis preparedness support services our members need to be effective crisis interveners in their respective locales. At NASP Headquarters, it became clear almost immediately that Marlene, a brilliant and very serious woman, was going to put the NEAT team through its paces to address theoretical issues, developmental exercises and gut-wrenching videos dealing with crisis intervention and related topics.

As the NEAT team completed the training, the local television news broadcast a breaking story of the brutal murder of three school-age girls in a community not far from Washington, D.C. — Spotsylvania, Virginia. NEAT team members suggested that one of us contact the Spotsylvania schools and offer our support when we returned from our training.

Organizing the Response Team

Jump several months ahead to November 1997. I got an urgent call from NEAT Chairperson, Scott Poland, who asked if I could free up some time to be part of a NOVA team that has been asked by the community leaders of Spotsylvania to come help this grieving, frustrated county deal with the anger, fear and depression they were feeling as a result of the unresolved kidnapping/molestation deaths of three girls. NOVA officials called Susan Gorin, Executive Director of NASP, who then alerted the NEAT team for help. Susan wrote an impassioned request to my superintendent to secure a release of my time to fly to Virginia to work with the NOVA team in support of the school staff, community leaders, law enforcement personnel and other members of the community.

Two days later, I flew into Washington's National Airport to meet with the other members of the assembled NOVA team at their office. The team included the Director of Victim Services from NOVA, a bereavement specialist from Baltimore, a social worker/victim specialist from Boston , a social work intern who works for NOVA and myself, a nationally certified school psychologist from Albany, New York. After a brief introduction, we all piled into a very cramped jeep filled with NOVA manuals, luggage and assorted handouts for the folks in Spotsylvania who we would be working with over the next few days.

On the way down Interstate 95, I learned that I had been designated team leader; one of my responsibilities was to speak to the media and help coordinate the tasks of the team while we were on site. I have learned that things come at you fairly fast and furious during a crisis and it requires maximum flexibility and a bit of good luck to have things go smoothly. When we arrived later that night in Spotsylvania, we were met by a member of the Virginia DCJS who gave us some background on the case. Three hometown school girls had been abducted on two separate occasions and were missing and later found miles away from their homes, dead. In addition, there were no viable leads as to who had committed these horrific crimes, leaving the people of this beautiful, tranquil suburban community in a state of agitation and continued fear that similar events could happen again.

The NOVA team came on the scene when the residents of this county felt that the safety and innocence that we all would like to believe we enjoy in our homes and neighborhoods had literally been ripped away from them, violently and with no mercy. The NOVA Community Crisis Response Team helps to support local decision makers identify all groups at risk related to the trauma, provides training to the local caregivers who will reach out to the traumatized population and leads multiple debriefing sessions designed to relieve some of the profound psychological pain that the members of the community are experiencing.

Three Days in Spotsylvania

We set up our base of operations in the F.O.P. (Fraternal Order of the Police) meeting hall and met with over 50 community people for 7-8 hours each day for 3 days. We explained our mission and offered general information about our background and experience. The group was composed of school pupil service staff and administration, law enforcement, clergy, first responders, victim assistance specialists and parents. The more cognitive portion of our presentation gave much needed information on short and long- term stress reactions to crisis, death and dying, crisis intervention techniques as well as post trauma counseling and the spiritual dimension of trauma taken from a non-denominational perspective.

More frequently than I would have anticipated, I was called out to respond to interview requests from reporters from CBS, ABC and a host of local television and radio stations, to answer questions about our activities and our assessment of how the community was handling the crisis at hand. I continue to be impressed with the power of the media to be either very helpful or very disruptive to the needs of communities in crisis. In this instance, the media seemed remarkably sensitive to the palpable pain of the people of Spotsylvania, Virginia.

In addition to the sessions conducted during the day, the NOVA team held community crisis debriefings in the evening. These group crisis interventions are intended to give any member of the community a chance to "ventilate and validate" feelings they might have associated with the crisis. It is an exceedingly powerful tool that can help release at least some of the anger, grief and frustration that accompanies any crisis situation.

At these meetings we encountered parents who expressed great concern that the perpetrator of these heinous crimes was still at large. This created a pervasive anxiety that affected many in the community. All of the members of the team were sensitive to this sense of dread and fear that we saw mirrored in the faces of the people we spent time with in Spotsylvania.

Clearly the tension felt in the community had a strong ripple effect in the schools and the school personnel at our sessions were showing many of the telltale signs of post traumatic stress. Although the schools had both internal and external crisis teams, they may not have been prepared for a crisis of such profound proportions as the current situation. In addition, the notion of needing time to process their feelings and find ways to insure that staff were having opportunities to take care of themselves was highlighted in our presentation to all of the crisis participants. This had a dramatic cathartic effect on the group and we could see, at least for a brief while, that many in the audience were able to reflect, relax and regroup.

The work that the NOVA/NEAT team was able to do for the community of Spotsylvania was exceptionally valuable on multiple levels. During our time there, officials from the U.S. Department of Justice, Office for the Victims of Crime came to observe and assess our efforts to help support this community. Their department is a major funding source for the Community Crisis Response program coordinated through NOVA. We took some time out of our busy schedule to interact with these officials and it was clear to this observer that they were pleased with the work being done. More importantly, I was very pleased and humbled to be part of a team of professionals dedicated to offering help and support to people wracked by emotional despair and fear for the lives of their children. We can only hope that the very good people of Spotsylvania derived some comfort from our presence in their community. They will certainly remain in the hearts and minds of the NASP/NEAT/NOVA team.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Lessons from Edinboro and Springfield

by Kris Sieckert, NCSP
Oconomowoc (WI) Schools
Central Region NEAT Facilitator

Traditionally for me, the spring semester of the school year has a wonderful sense of urgency — MDTs, early childhood screenings, closure for practicum and intern students, plus much more fill my days. This spring also added the opportunity to serve as NEAT/NOVA team leader for the Edinboro, PA school shooting in April, and then again in May as team leader of the second crisis team sent to Springfield, OR. Assuming team leadership for NEAT/NOVA is a profound and humbling experience. It has been an experience difficult for me to share, but it is summer now and there has been time for reflection on what the experiences have taught me.

The first lesson: "Never say never." I used to think that shootings took place someplace else, never in a school. I used to think — OK, maybe in a large urban setting. I used to think — OK, maybe at the secondary level... I now know that if a shooting can happen in Pearl, Paducah or Jonesboro, in Edinboro or Springfield, then a shooting can occur in *my* district.

The second lesson: School violence is not just a school problem. School violence is a shared societal issue which will need to be addressed with the support and cooperation of our entire society.

The third lesson: School psychologists are usually the crisis intervention coordinators for their districts... and we like it that way.

The fourth lesson: Preparedness is vital and comes in different areas. Briefly:

Legal —

- update and revise district and individual school crisis plans
- review related district policies and school discipline and behavior codes
- if a district accepts the philosophy of "Zero Tolerance," define "zero tolerance" as related to K-4th grade and then 5th-12th grades

Curricular/Prevention —

- review the prevention programs that the district already uses
- consider Peer Mediation, Stop and Think, Caring Teams, Red Cross training, CPR training, police liaison programs

Staff Development —

- Train all staff in crisis response, signs and symptoms, conflict management

Physical Issues —

- discuss to what degree building security is needed in the district (from metal detectors to locking doors for the first time)
- wearing a common district nametag
- communication access in every classroom (telephones, cell phones, pagers, PA system)

The fifth lesson: The 1997-98 school year provided us with an opportunity to scrutinize randomly selected school districts and we were privileged to witness dedicated educators providing excellent services.

The sixth lesson: With common sense, caring and commitment, all things are possible.

The seventh lesson: I am deeply touched by the generosity of *Vic Masone*, senior school psychologist in Edinboro, PA and *Cathy Paine and Bob Cattache*, co-directors of student services and school psychologists in Springfield, OR. In time of school crisis, they outreached to NEAT and allowed me to become their "objective eyes and ears."

The eighth (and very personal) lesson: It is a privilege to be a member of NEAT. Scott Poland, Ted Feinberg, Phl Lazarus, Rich Leiberman, Frank Zenere and Bill Pfohl, along with Susan Gorin (NASP Executive Director), define caring and compassion. I am also grateful to Gary McClurg, Director of Student and Family Services of the Oconomowoc (WI) Area Schools. He is a trained school psychologist who daily models child-focused commitment.

It is summer when I am writing this article... and I find myself never prouder to be an educator and, certainly, never prouder to be a school psychologist.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Tragedy Response and Healing — Springfield Unites

by Cathy Paine
Springfield (OR) Public Schools

Thursday, May 21, 1998: The day began like any other at Thurston High School with students chatting noisily in the cafeteria, eating breakfast and trading the tales of youthful innocence. That innocence was brutally shattered at 7:55 AM when a student walked calmly into the cafeteria and sprayed 50 rounds of ammunition into the crowd. What was first thought to be a school prank turned into a nightmare in which two students were killed and 22 others wounded.

As a school district crisis response team leader, I received the emergency call just minutes after the shooting. Approaching the school, I found the street to be strangely deserted; all traffic was stopped as one ambulance after another raced by with their innocent victims. Throngs of frightened parents and neighbors filled the sidewalks and pressed past the gathering media to reach the school. When Principal Larry Bentz read the names of the wounded, he saw shock, disbelief and tears on the faces before him. Parents who had never before met one another literally helped hold each other up. Images are indelibly etched in my mind: sirens, ambulances, stretchers, reporters, police cars, yellow tape, flashing lights, frantic faces, sobbing voices, crowds pressing, a list of names being read.

An eerie quiet prevailed inside the school. Teachers and students had provided immediate first aid to the wounded and most other students were in their classrooms in a lock- down. The shooting had ended when several students tackled the gunman as he paused to reload. Three hundred students who had witnessed the shooting — and survived — gathered in the library where caring adults calmed them while they waited for police questioning. Frantic parents searched for sons and daughters, some who would never come home. Images I still carry: policemen, counselors, blood stains, darkened rooms, students huddled, phones ringing, backpacks strewn, quiet sobs, parents searching, anguished looks.

The nightmare intensified as we learned that the parents of the 15-year-old suspect had been found dead in their home, each apparently shot by their son. Bill and Faith Kinkel, both teachers, were long-time residents of Springfield. Bill, though retired, still trained district teachers and taught at the local community college; Faith, a popular Springfield High School Spanish teacher, had just learned she would be honored as an outstanding educator of the year. When the President of the United States phoned, we realized that this tragedy would affect not only the 11,300 students and 1,200 employees of the Springfield School District, but the entire Eugene-Springfield community, the state of Oregon and even the entire nation. Our sense of safety and security was shattered along with our innocence, and no longer could *we* say, "It can't happen here."

Crisis Response — Key Concepts

Nothing in our previous experiences with individual student and teacher deaths prepared us for the magnitude of this horrifying event. My colleague, Bob Cattoche, and I quickly organized a "core team" of school psychologists, administrators and mental health workers and together we designed the school district response. That response was an on-the-spot modification of procedures we'd used in two dozen "smaller" crisis interventions over the previous seven years. Crisis specialist Marleen Wong (Los Angeles Unified School District) has said, "There are two types of schools: those that have had a major crisis, and those that are about to." It is our hope this information will assist other schools plan for and cope with a crisis should it occur. These are the key concepts we believe contributed to the effectiveness of our response:

1. Building level crisis response teams were in place. Each school in Springfield has a crisis plan, updated annually, which specifies the duties of the team members and procedures to follow in emergencies. In addition, district counselors and psychologists are trained and (unfortunately) experienced in crisis response.

2. The response was coordinated at the district and city level. School administrators and city officials had previously collaborated in drafting the district's Emergency Procedures Manual. They formed a joint "command center" at City Hall, which was a clearinghouse for inquiries from both the press and the public. Additional phone lines set up by 10:00 AM the day of the tragedy were staffed 24 hours a day through the four-day holiday weekend by city and school district employees.

3. A county network of trained crisis personnel was in place. Counselors and school psychologists in Lane County are trained and available to respond to crises in other districts through an agreement signed annually by the school superintendents. This network allows us immediate access to counselors from many districts as well as from our local mental health agencies. In addition, Lane Education Service District sponsors periodic training in grief and loss and crisis response.

4. Flexible and continuous planning was essential. Our Core Team and other staff members worked hundreds of hours developing and revising plans for the schools and the community. As in other districts where there have been shootings, the school psychologists played a major role in the intervention.

5. Post-trauma support was provided. Support came from many sources including private counseling agencies, Lane County Mental Health, Lane Education Service District, other school districts, the National Organization for Victim Assistance (NOVA) and the NASP National Emergency Assistance Team (NEAT). The Red Cross provided meals during the day following the tragedy (a previously scheduled district-wide inservice day) when we gathered students, teachers, parents, counselors and administrators at a nearby middle school. NOVA volunteers, who had arrived the afternoon of the shooting, held community debriefings, news conferences and training sessions throughout the next seven days. Our district psychologists counseled students and staff and managed the monumental task of screening, scheduling and monitoring over 200 outside counselors during the next three weeks. We greatly appreciated all of these resources, as the impact of the trauma quickly became pervasive throughout our community.

6. Handling members of the media, a formidable task, was coordinated by the city and the school district. Throughout the first day and night, the media vans and satellite trucks rolled in from across the nation. Before the first hour had passed, a CNN helicopter hovered overhead, transmitting images of our new-found horrific "fame." Reporters from as far away as Japan, Portugal, England and Australia quickly took on a larger-than-life presence in our normally quiet community. ABC, NBC, CBS, NPR, *Inside Edition, Hard Copy, USA Today, Time, Life, Newsweek, People, Rolling Stone* and *Psychology Today* all made their appearances. Before long, a surrealistic scene developed as the street in front of the high school was reduced to a one-lane road, with cars forced to crawl between the constantly humming generators and blazing lights of 20 white satellite vans.

Communication was handled through regular press conferences and credibility was established so the hundreds of reporters covering the event could trust getting information from one source. Cell phones and pagers were critical for fast, accurate information. We were amazed to observe that some reporters tried posing as doctors and counselors in their efforts to access hospitals and schools, and therefore ID badges were essential for all volunteers. Local and national television crews filmed live reports in front of the school, but no media were allowed on the high school campus until after school resumed, and then only briefly, late at night. This was done to minimize the filming of traumatic images and to allow the students' first view of campus to be in person, not on television. As the days passed many members of the media themselves became traumatized by the tragic events. Six days following the shooting, the fleet of white vans crept silently away almost as abruptly as they had arrived, leaving the school to stand free of lights, cameras and sound bites.

7. The students' reentry to school was carefully planned with counseling support. Students, their families and staff were given the opportunity to visit the Thurston campus on Memorial Day, allowing them to enter the campus supported by family, friends, counselors, NOVA volunteers and "comfort dogs." Although many of the 2,000 visitors sat or stood in the repaired cafeteria, not all were able to do so. There were many tears that day, as reflected in the words of one student: "It was unlike anything I've ever felt before. I've been around death before in my life but nothing like this . . . nothing that's really just gotten down to the very core of me and made me want to break down and cry right there."

The second step of the students' reentry occurred Tuesday morning, the first day of classes following the shooting. After a free breakfast in the school courtyard and cafeteria, students attended a half-day of classes; then hundreds attended the funeral of one victim that afternoon. Volunteer counselors were present in every classroom that day and remained available in support rooms through the end of the school year.

8. Memorials and healing events were important to help the community move forward. The most impromptu of the memorials became one of the most powerful for a community looking for solace in this tragedy. Within hours of the shooting, community members of all ages placed flowers, posters, balloons, plants, teddy bears, candles, photos, poems, crosses and other mementos on the chain link fence in front of Thurston High. Ultimately, this memorial stretched the entire length of the campus, some 150 yards, and represented the community's outpouring of grief in a sea of flowers. For several days, vehicle and pedestrian traffic was non-stop as thousands passed to pay their respects. In addition, a candlelight vigil was held outside City Hall, a memorial service for Bill and Faith Kinkel was held at Springfield High School; prayer services were held in many churches; and the firefighters' Blue Ribbon of Promise Campaign began. Students, staff and parents will design a permanent school memorial later this year.

9. Care of the caregivers was needed. The two NOVA teams held numerous debriefings that were essential for the emotional well being of the service providers. We are extremely grateful for the invaluable advice and assistance we received from the two NOVA teams, led expertly by John Ganz (NOVA) and Kris Sieckert (NOVA/NEAT) in the immediate aftermath of this tragedy. They supported us with wisdom and caring during the most dreadful experience we could imagine. (See personal reflections from Kris Sieckert in the September 1998 *Communiqué*.)

Along the Road to Healing

Long-term follow-up has required time, staff and additional resources. The event was not over on May 22nd, the day after the shooting, or on June 12th, the last day of school. Summer was filled with grant writing, summer activities at Thurston High, planning for freshman orientation and the first days of school, and training district staff in the dynamics of post-trauma reactions. The Thurston Assistance Center, under the direction of Bruce Smolnisky, Springfield School District, was established to provide counseling support and information to Springfield students and families affected by the shooting.

Springfield School District Superintendent Jamon Kent and the school board members made a commitment to enter this school year with thoughtfulness, planning and training in response to this tragedy. In July, many of us attended a symposium led by Dr. Robert Pynoos, Director of Trauma Psychiatry Services at UCLA. We were privileged to have Dr. Pynoos, who is recognized worldwide as one of the premier experts in the field of trauma, and colleague Dr. Chris Layne return to Springfield to work with all district administrators and school board members. Marleen Wong and Roberta Bernstein of the Los Angeles Unified School District instructed our teachers and school staffs in post-trauma responses; and Dr. Marlene Young, Executive Director of NOVA, conducted a 3-day crisis response workshop for 50 counselors, psychologists and mental health workers.

Our approach this year is two-fold: we strive to recapture the school's normal activities, and at the same time, we want 100 percent of the students and staff to achieve a healthy recovery. Their reentry to Thurston High has been carefully planned and supported, beginning with the Memorial Day open

house. The cafeteria has been painted and brightened in order to minimize the traumatic reminders, yet we know there will be many reminders ahead. We have added counseling services and uniformed police officers to the high school campuses, and plans are being made to assist students and staff during the suspect's trial and the anniversary date of the shooting.

On the first day of school this fall, reporters and media trucks surrounded the school once again as students entered the campus filled with much excitement and some apprehension. Teachers asked students to be tolerant and patient with one another as they work through a broad range of reactions and reminded them that, while many students are ready to move on, some are not. Twenty of the injured students returned to Thurston High. Some still carry the physical evidence of scars and bullets within them and face lengthy rehabilitation. Some cannot yet return to the cafeteria and fear recurring violence. The prevailing atmosphere that day, however, was reflected by the words of one senior: "Though we were inevitably affected by tragedy, we are looking forward to what life has to offer us next. We have learned how very precious, yet circumstantial, life is. Now, more than ever, our eyes are open wide, our ambitions are high, and we are ready to live."

As a result of this tragedy, our community has come together as never before. We have a long road of healing ahead of us but we are confident that the citizens of Springfield will overcome the events of May 21, 1998. In her keynote address to over 500 teachers as they returned to school this fall, Marleen Wong, head of District Crisis Teams for the Los Angeles Unified School District, noted, "Springfield will never be just any school district. It will be recognized and acknowledged, questioned and criticized, studied and consulted." She challenged us to "work hard to find that balance between mourning the past, treasuring the present, and keeping hope for the future." That has become our mission.

Cathy Paine is a Special Services Coordinator and crisis response team leader, and has served as a school psychologist in the Springfield (OR) Public Schools. *This article was previously published in the November 1998 issue of* Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Jonesboro Turns to School Psychologists for Leadership

by Scott Poland, Ph.D., NCSP
Cypress-Fairbanks ISD (Houston, TX)
Chair, National Emergency Assistance Team

The shooting at Westside Middle School in Jonesboro, Arkansas on March 24, 1998 sent shock waves around the world. Two Westside students ages 11 and 13 are accused of setting up an ambush and firing shots that killed one teacher and four of their classmates, and wounded another ten students.

I was selected as the team leader of the NOVA (National Organization for Victim Assistance) national crisis team. The seven-member team included three victims advocates, a police lieutenant, a minister and a school psychologist, Rich Lieberman from Los Angeles. Rich and I serve on the National Emergency Assistance Team (NEAT) for NASP. The NOVA team was invited to Jonesboro by the Arkansas Attorney General and the Craighead County prosecutor. NOVA teams are sent only where they are invited and have the specific purpose of the following:

- Identify those most affected by the tragedy. This would include victims and their families, classmates, and teachers. It also includes first responders on the scene such as police and medical personnel.
- Provide support and training to local caregivers such as counselors, psychologists and ministers.
- Conduct an open forum for the community to process feelings about the tragedy.

The NOVA team arrived in Jonesboro on Wednesday, March 25th, less than 26 hours after the tragic shooting. It was one of the quickest responses in NOVA history. Upon arrival in Jonesboro, it was very clear that local leaders in both the school and community had done an excellent job with initial crisis intervention efforts. The school administration turned to local school psychologists Jack Bowers, Betty Stockton and Linda Graham for leadership. These psychologists had spent extensive time following the shooting helping both staff and students deal with their initial shock and grief. They also had located additional counseling personnel from all parts of Arkansas.

Initial Discussions

Upon arrival in Jonesboro, the NOVA team met with staff from the prosecutor's office, including Karen Costello, the Victims Advocate for the county. Karen had arranged for a meeting with all the leadership personnel in the Westside district. We drove to the school and received a very warm reception. In fact, everyone we met in Jonesboro was very appreciative of the team and very interested in our ideas. The meeting with the school leaders was going very well, but I will never forget when school psychologist Jack Bowers announced that we needed to conclude the meeting, as all the caregivers were in the cafeteria waiting to hear from us.

More than 150 caregivers were waiting in the cafeteria to hear precise instructions about how to assist the children the next day. I presented one hour of information about how to help children after a tragedy. I stressed the importance of giving the children permission to express a range of emotions and providing activities such as artwork, music and writing in addition to classroom discussion. I also outlined some of the techniques involved in the NOVA group crisis intervention model.

The caregiver training session went very well, and then I was informed that it was time to address the parents and students in the gymnasium. I had no idea that there was another meeting and inquired about the plan. I was told that the prosecutor would speak first and then me. As I walked into the gym and saw a crowd of approximately 500 people, one of my many thoughts was that I wished that Rich, the other school psychologist on the team, had arrived. His plane was delayed and we worked the first evening without him.

The prosecutor did his best with the crowd, but a lot of anger was expressed at the perpetrators, their families and the laws of the state which did not allow a very lengthy incarceration for such young offenders. The audience also was spending a lot of time trying to figure out how and why the shooting had occurred. I don't remember jumping up, but I recognized that the meeting wasn't going well. The emotionality in the room reminded me of a balloon about to burst. The prosecutor handed me the microphone and I introduced myself. I told them that I had been the team leader in Paducah, Kentucky in December (see May 1998 *Communiqué*), and that four months later, that community still didn't have answers and that they might never have a satisfactory answer to their "why" questions. I recognized their anger but emphasized that we couldn't change the laws in Arkansas that night, and even if we could, it would not affect the two perpetrators. I stressed that we needed to change the focus to getting their children back in school tomorrow. Refocusing worked, everyone was listening, and much of the anger was gone. The students themselves began asking questions such as:

- *If I come to school tomorrow, will I have to go outside? What if the fire alarm rings?* I answered that they very definitely would not have to go outside. The fire alarm has been disconnected and it will be a long time before it rings again in this school, and your principal will involve you in every step of this process.
- *Why is there still blood on the sidewalk and bullet holes on the side of the building?* I told them that the blood had been cleaned up, but the bullet holes need to remain for a while as a reminder to all of us that this tragedy really happened. I outlined that many of them might feel a need to walk around the site of the shooting and think about where they were as they tried to understand how it occurred.
- *I can't face returning to Mrs. Wright's class. My teacher is dead!* I responded by saying that Shannon Wright was a great teacher and person who gave her life for education and that I knew that she would want all of her students to return to school and face the tragedy and go on with the business of learning!

I answered many more questions from students and adults in the way that one would expect a psychologist to answer them.

It was getting late and I announced another open meeting the next night. I emphasized that counselors would be on every bus the next day and that counselors and ministers would be in each classroom. I encouraged each student to be in attendance the next morning and promised that counselors would be calling each student not in attendance. I closed the meeting on a sense of hope and complimented the many strengths in the community and how they were pulling together. I then asked how many people still had questions. Approximately 40 hands went up, so I asked that every caregiver in the gym go to the center court, and then had everyone with questions get up and ask a counselor.

Our local hosts felt the meeting had been very successful and as a result of it, almost all students were in attendance at school the next day. The NOVA team met and debriefed extensively about our first day.

Back to School

There were several significant events the next day. I was asked to talk to all the faculty and students before school started. Rich Lieberman was in Shannon Wright's classroom first period. The other team members began to provide very important assistance in the community to first responders and families of the victims. For example, there were three different sessions held for the hospital staff. One of my jobs as team leader was to conduct press conferences and respond to interview requests. I conducted many of them with Betty Stockton, the local school psychologist, who did an excellent job. Several teachers approached me at various times with problems and concerns. Rich Lieberman addressed these problems and concerns about individual students.

We conducted a meeting after school on Thursday with the approximately 100 out-of-town caregivers. Since there was no school on Friday due to a preplanned holiday, we knew that it was

important to debrief with them. Rich and I conducted that session with the Arkansas Attorney General by our side. The comments made by those caregivers summed up what almost all professionals felt whether they were counselors or medical personnel: It had been the worst of times but we were all very proud of what we did. The quote from the movie "City Slickers" comes to mind— the worst day and best day of our lives was the same day! The caregivers in Jonesboro should be very proud of their crisis response.

An open meeting for the community was held on Thursday night and many students and parents attended. The climate was much different than the previous night. I talked with the entire group for a while and then set up each family with a local caregiver. The NOVA team members rotated to each family and checked in with them.

Debriefing

I had thought that Friday would be a slow day as there was a school holiday, and two funerals were being held that day. The team was actually very busy with hospital personnel, police personnel and making contact with the families of the dead and injured. In addition, the minister on the team was busy helping plan the convocation to be held Tuesday at Arkansas State University. The purpose of the convocation was to bring the community together to aid in the healing process.

Rich and I conducted a several-hour debriefing and training session with the local caregivers. We also helped them to make future plans. I conducted an exit press conference. The team also met with the prosecutors and victims advocates to summarize our efforts and to make recommendations for the future. One idea that was proposed but not carried out was to debrief the local media, but they were too busy covering the story and the funerals.

The NOVA team met and processed extensively prior to leaving Jonesboro. It pleases me to relate that we were a team and everyone felt very good about the role that they played. I shared with everyone that several local caregivers had said that the NOVA team was the answer to their prayers. The local caregivers and school personnel did an incredible job, especially the school psychologists Betty, Jack and Linda. I know that they greatly benefited from the assistance from NOVA and the objectivity and expertise that we had to offer.

The Westside school district will have a difficult road ahead. I am very impressed with the community and their resilience. They will decide what the gift of this tragedy will be and how to channel the outpouring of emotional and financial support from around the world.

The NOVA team departed Saturday afternoon. Rich pointed out that it was nice to know before arrival exactly when our flight home was scheduled. NOVA believes that 3 to 4 days is about all the team can physically withstand. It is important that the local caregivers take over and set the path of recovery for their community. We were on the shuttle bus to the Memphis airport terminal when several team members commented that they felt a little disorganized and thought they might have left something behind. I noted that we all did—we left a part of ourselves.

The transition from being on a NOVA team and dealing with the intense emotionality and then returning to everyday life is not an easy one. The Westside School District seemed like the epicenter of an earthquake and was the focal point for the entire community. I found comfort in telling the story. I am proud to be a NASP member, the chairman of our National Emergency Assistance Team and part of the very rewarding alliance with NOVA. I am also very proud that local and national school psychologists led the way!

Scott Poland, Ph.D., NCSP, chairs NEAT and is Director of Psychological Services for the Cypress-Fairbanks School District in Houston, TX. *This article was previously published in the June 1998* Communiqué *(volume 26, no. 8).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Back to School in Jonesboro

by Betty Stockton, NCSP
Westside Middle School, Jonesboro, AR

Upon entering the Westside School Campus complex one is greeted by the mascot-adorned marquee announcing a welcome to students. However, the next sign reads: "All media must report to the Superintendent's office," a sobering reminder that once not too many months ago the media crowded the campus of the school district to reveal to the world yet another schoolyard tragedy.

Within the middle school building, there are other reminders of five lost lives — a massive stained-glass window in the library with five roses; pen and ink composite drawings in the halls and poems displayed in needlepoint. Probably the largest and most visible reminder is in the planning stages. A memorial garden in the vicinity where the victims fell is projected to be dedicated on the first anniversary date. According to the planners, it is hoped this area will be a lasting memorial with spaces for academic enrichment such as natural science experiences as well as an appropriate living memorial to the victims.

The makeup of Westside is different this year as expanded construction allowed the fifth grade to become part of the middle school, increasing the population from approximately 250 to 375 students, grades 5-7.

View from the Principal's Office

During my recent visit with Mrs. Karen Curtner, middle school principal, she commented on the school year. She related that the school was bustling with activities all summer. Several sports camps were held and parents were encouraged to visit the building for whatever purpose they needed — to linger in thought, tour the facility, or help decide on a locker location with their child. Specific counseling services were moved from the campus to lessen the association of grief and tragedy with the school building. Near the beginning of school an open house was held allowing parents to meet and visit with the faculty, tour the building following their own child's schedule, and visit with each other.

In describing the students, Principal Curtner said "although a few appear highly anxious with 'short fuses,' all seem to be more aware of their surroundings... hypervigilant... which has translated into an 'over reporting' of suspected behavior problems." She further stated that this increase in reporting to teachers, administrators and counselors probably goes along with an increase in telephone calls from parents expressing concerns about students' behaviors they have observed or heard discussed by their child. There is a uniformed "resource officer" permanently stationed on campus and it is not unusual for youngsters to ask a teacher his whereabouts if they missed seeing his presence. In addition, "the students seem to be more clingy with each other and move about in clusters as compared to last year," Mrs. Curtner said. One teacher also related that the faculty as a whole seems to be more open to physically touching the students "which seems to comfort both of us." Extra counseling support from the mental health community will continue throughout the year.

On occasion there are very poignant moments which are difficult for everyone. An example was the day several former students of the slain teacher remembered her fall birthday by bringing individually vased flowers to place in her room. To accommodate this processing, the classes in that room were moved to another location allowing the students freedom to come and go in that room. Specific care was given to the planning of the first fire drill with teachers talking to the students within each classroom, a rehearsal of the change in routing, and the explanation of a "no-bell" notification.

At the conclusion of our visit, Mrs. Curtner looked directly at me and said, "I will always be grateful to the school psychologists who helped us through this crisis. I've never worked very closely with one

before but I now have a new appreciation for what they do. Our best hope to avert another crisis is prevention....there needs to be one (school psychologist) in every school district due to the problems our students are facing."

Betty Stockton, NCSP, is a school psychologist providing support to Westside Middle School in Jonesboro, AR. Betty and area colleagues Jack Bower and Linda Speer-Graham were on the scene immediately following the shooting in March 1998 and worked with the NEAT/NOVA team. Note that in this part of Arkansas, school psychologists can be assigned to multiple small districts — thus one per district would be an improvement. This article was previously published in the November 1998 issue of Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Retrospective on Disaster: One Year After in the Red River Valley

by Kathleen Ness, NCSP
& Marta Vanderpan, NCSP
East Grand Forks, MN

As you perhaps witnessed on CNN, people all up and down the Red River Valley of the North waged heroic efforts to save their towns from flooding last spring. Some succeeded, but East Grand Forks/Grand Forks did not win the battle. All 9000 residents of East Grand Forks and 90% of the 52,500 residents of Grand Forks were evacuated, including the authors of this article. All of our schools closed April 18th, not to resume until September.

Schools throughout North Dakota and Minnesota opened their doors to our students, and many attended classes wherever their families found safe haven. Gradually, people returned to their uninhabitable homes with camping gear or trailers, often leaving children behind because conditions were unsafe. It was several weeks before electricity was restored and water was potable. We heaped the berms along our streets with the mud encrusted contents of our basements, and in some sadder cases, of first floors. Six neighborhoods in EGF/GF were especially hard hit, with houses floated off foundations, some even transported to new locations down the block. Many had water to the rooftop. Of the 1,329 homes in East Grand Forks, only eight escaped flood damage.

Because of our topography, we have never been strangers to floods. Glacial waters of the ancient Lake Agassiz formed the Red River Valley, the remains of which are the meandering Red River. The wide, flat valley contains some of the richest farmland on Earth, but is subject to flooding on an annual basis. The river and its valley have been compared to a scratch on a table top. Consequently, when 100 inches of snow melts, it spreads quickly over the entire area, as it did last spring. On April 18, 1997, there were 50 square miles of water 4 feet deep moving north through the valley with nothing to stop it.

Challenges for Children and School Psychologists

This event has had a dramatic impact on our schools in East Grand Forks and on our practice as school psychologists. As you might well imagine, we all brought with us a load of grief and anxiety when we returned to school last fall. It was not unusual for us to find, for example, the response on a sentence completion form: "My greatest fear is . . . that we have another flood."

Now months have passed, but the disaster continues to affect us in several ways. Gaps in learning from being out of school so long, stress on families, chronic anxiety about what the future holds, and lost instructional space and materials have taken their toll.

Lost learning time: The implications for learning have been profound. The three elementary buildings in EGF have intervention teams that meet weekly to process referrals from teachers. The most frequent request for assistance during the first semester concerned significant deficits in reading and math among primary students. It has become apparent that many of the students in kindergarten or first grade during the 96-97 school year missed so much school because of blizzards and the flood (approximately 40 days of the 175-day school year) that they did not have the opportunity to learn the information necessary to meet expectations. How to help these students compensate for missed learning has been a major challenge for their teachers.

Coping with change: Another challenge has been helping special education students cope with all of the unwelcome change they have had to face. For example, one of our LD students who tends to be highly anxious under normal circumstances refused to attend school at the beginning of the year. Unplanned change is difficult enough for children who usually cope well. As we know, transitions are

especially stressful for students with mental impairments, emotional problems and learning disabilities.

Personal and family stress: School personnel face the stress of having to manage their personal flood recovery at the same time they try to meet the needs of students and families. Some teachers lost their home and also lost the school where they had built their career.

Crowding complicates the lives of many of our families. Even those who still can live in their houses may have lost part of their living space. Finished basements ruined in the flood often contained family rooms and bedrooms for older children, especially adolescents. Many of our families displaced from their homes have been living in Federal Emergency Management Agency (FEMA) trailer parks. For many, life in these trailers means increased crowding. When crowding combines with financial difficulties that are often flood-related (many people lost their jobs) and chronic worry about the future, many of our families show serious signs of stress. Sadly, this stress may be expressed in physical abuse of children, increased alcohol consumption and marital discord.

Lost instructional space: The loss of space in our schools also has had a tremendous impact on our daily lives. When school resumed in East Grand Forks in September, students from two of three elementary schools and the middle school began attending class in temporary buildings constructed by FEMA. As grateful as we are for the temporary buildings, they are significantly smaller than the ones we lost. This space crunch results in frustration and inefficiency. For example, special education teachers are often at a loss for a private place to conduct assessments and conferences. They cope as best they can, conducting assessments in make-shift alcoves and sharing rooms for conferences. Small group work is often accomplished around a table in the hallway.

Because the temporary middle school is smaller than the building it replaced, our sixth grade has been moved into a wing of the senior high. Losing a wing cost the high school ten classrooms, besides having to share space for band, chorus and gym. In addition, the cafeteria and library facilities have to be shared. Middle school and senior high resource rooms for special education are also housed together.

On the elementary level, teachers at River Heights Elementary, for example, must vacate their rooms during their prep times so music teachers or librarians can use the space for their classes. At Crestwood, the other temporary elementary building, four special needs teachers share one classroom. Students struggle to pay attention to the teacher at their table and screen out sights and sounds from the rest of the room.

We school psychologists each have a desk in our co-op office with five other employees, having lost the room the two of us shared in the middle school. For Kathleen, it means no space to do play therapy, something that was an integral part of her practice. We claim squatter's rights in the school counselor's or principal's offices for testing, should they leave for a few hours, and we use whatever other private space is available. The district superintendent has shared his conference room whenever possible, for example. School psychologists are used to scrambling for space, so we just do our best to work within the limitations the flood has imposed. And we enjoy our close quarters with our co-op colleagues. Now we have much easier access to one another when we need to consult about special education issues.

New Opportunities

In spite of all the negative effects of the flood, it has also provided many opportunities for learning. Students are designing murals depicting the flood; they have composed poems about the experience; they are researching the environmental factors which contribute to flooding; and they are conducting interviews with older people in the community who have survived previous floods as part of an oral history project. These projects are all helping students to frame the experience in terms they can control.

Support has arrived in many forms. Thanks to a redecorating project at a local power company, Crestwood now has a number of cubicle dividers that enhance the learning environment in the resource room. A disaster intervention team out of our local mental health center, funded to deal with mental health issues related to the flood, has been a godsend. During the past several months they have

performed puppet shows, trained middle school children to assist them, held group sessions in the LD/EBD resource room at the high school and in the EBD resource room at the middle school, done debriefing sessions with teachers, hosted various fun activities for kids of all ages, accepted referrals for individual or family therapy, accessed grant money to fund educational projects, and more.

This past year has been a great lesson in the cost of a disaster and also in what can be learned through recovering from one. A year from now we very likely will be moving into new school buildings to replace the ones we lost in the flood. Like other school personnel, we will be glad to put this year behind us. Most of all, we hope we will not have to apply what we learned through this experience again any time soon.

Kathleen Ness, NCSP, and Marta Vanderpan, NCSP, are school psychologists with the Area Special Education Cooperative (ASEC), East Grand Forks, MN. *This article was previously published in the May 1998 issue of* Communiqué *(volume 26, no. 7).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Shooting in Richmond: A Teacher's Perspective as Victim

by Gregory Carter
Armstrong High School, Richmond, VA

My name is Gregory Carter. I want to first thank God for giving me courage and thank each of you for allowing me the opportunity to share with you my view-points regarding the impact of school violence and how it has affected my life and that of my family.

The educational institution has always been considered one of the safest places in terms of school violence involving guns. This all changed in 1998. Still, after hearing about the acts of violence in the many parts of the United States, I never thought that it would hit my own backdoor or myself. But it did: gunfire not only rang loud and clear at my own backdoor, but I became the most famous victim in Richmond, Virginia. I am the first teacher in Virginia to become the victim of gunfire in the line of duty.

June 15, 1998

At 5:30 a.m. on June 15, 1998, I thought it would be a normal day. I would follow my daily routine of taking a shower, getting my clothes and shoes out of the closet in order to get dressed for work. As I prepared to leave my house for work, I would kiss my wife as she laid in bed and say to her, "See you this afternoon." Not in my wildest dreams would I think that I would not make it home that afternoon.

That Monday morning didn't begin as the typical day. There was so much going on at school. Kids signing autographs, teachers saying their last good-byes to the retirees and the anticipation of coaches finding out if they would coach next year or not. While I was at my desk, one of my students noticed something disturbing outside my window. I heard one of my students mention that someone had a gun outside. I immediately went to my window to ascertain whether or not the student was correct. To my surprise, the student was right. I could not believe my eyes. I saw two students, one with the gun and the other trying to get the gun away from him (so I thought). The safety and security that school had provided to many school employees and students was quickly vanishing before my eyes.

I ran out of my room, trying desperately to reach the office on the first floor before something tragic happened. I informed the office about the students with the gun. A security officer was asked to investigate my claim of a possible gun on the school grounds. I followed him out of the office, first to make sure the students in my room were okay, and then, to clear the halls on the floor. I was too late. As I tried to clear the halls I heard the rapid sound of gunfire– pow, pow, pow. I couldn't tell how many shots I heard, but I knew it had to be around ten. I knew that I had a chance to escape the rapid succession of gunfire in the hallway. If I didn't, well, it would not matter anyway. I made it to the office. It was only once I was there that I realized that I had been shot. I thanked God for allowing only one of those bullets to hit me. The bullet penetrated my right side and found a resting place in my abdomen. My life had been changed forever.

Where Have We Gone Wrong?

Twenty years ago when I entered Armstrong as a new teacher, we had an administration and faculty that would embrace you when you were right and doing good, and would chastise you when you veered off course. The halls were orderly, students gave you respect, and teachers were held in high esteem by the entire community. In those early years, students had a desire to be challenged in their academic and extra-curricular activities. Teachers were given the opportunity to teach and students were afforded the right to learn. There were some disruptive students but, with the support and caring of an extended community, there were very few children who required discipline.

Where have we gone wrong? Today we find dramatic changes have taken place within our educational institutions. Students no longer look upon teachers as pillars of our community. The lack of morale is displayed by both veteran and novice teachers alike. Teachers are put into the difficult position of trying to teach classes full of disruptive students yet at the same time they have lost the authoritative power needed to maintain a well-disciplined class conducive to learning.

I now believe that the problem of violence in our schools, like the related problems of violence in society, has become one of the most pressing educational issues in the United States. In many school districts, concerns about violence have surpassed academic achievement as the highest priority for reform and intervention. Media reports indicate that the issue of violence in schools is a national problem that has seeped into the very heartland of America. No geographic region is excluded anymore. In *Violence in the Schools*, a National School Boards Association survey of 1,216 administrators, 54% of suburban and 64% of urban school officials reported more violent acts in their schools in 1993 than the previous five years. Newspaper articles report that communities large and small, urban, suburban and rural, from Chicago, IL to Little Rock, AK to Walton, NY to Lorain, OH to Lindhurst, CA to Butte, MT to Washington, DC to Richmond, VA are struggling with the issue of school violence.

We are losing the battle to save our children. My heart has truly been heavy since the day I was brought to the hospital as a result of my gunshot injury. America's children are exposed to a steady diet of verbal and physical violence that begins early and continues throughout their lives. All too often children who behave violently are themselves victims of an overdose of violence. At the same time, an increasing number of students who have *not* grown up in mean, hostile environments are involved in acts of violence. They cite boredom or the excitement of control as reasons for their actions.

Something must give. We must regain control of our communities before it is too late. I am often told that if you keep doing the same thing over and over again, you will continue to get the same results. If we are going to effectively bring an end to the violence in our communities, we must break the silence and stop the violence.

Not surprisingly, the search for solutions to school violence has generated numerous remedies that closely resemble those used in society to combat the threat of violence and crime. Some of the most popular measures include the installation of metal detectors at school entrances to prevent students from bringing weapons on to school grounds; the enactment of "zero tolerance" policies (advocated by the American Federation of Teachers and other groups) which require the automatic removal of students — through suspension, expulsion or transfer — who perpetrate acts of violence; and the use of armed security guards to patrol and monitor student behavior while school is in session. Forced to do something about a growing problem, many politicians and school officials have attempted to quell the tide of violence by converting schools into prison-like facilities.

Stop the Violence!

Parents must stop sending their children mixed messages about what is right and what is wrong. We bribe by promises of expensive clothing or toys, paying our children to do chores in the home. This is made even more difficult with more and more parents working outside of the home. Students are very aware that it is difficult for school officials to contact their parents and that, even if they do, their parents often refuse to respond. Sometimes parents do not respond because they were unsuccessful in their own school experiences; they view the school as a hostile environment. Likewise, a parent who does come to school may support the student's disruptive/violent behavior as another form of "bribery" to gain their child's affection, particularly when the relationship between the two is strained. These attitudes and actions convey strong lessons about roles, responsibilities and rights that must be learned in order to assume positions as good citizens in a democratic society.

Parenting that indulges, neglects, abuses or ignores children and that fails to provide strong, positive guidance, discipline and nurturance contributes to the spread of violence in schools. Such parenting is seen in families plagued by chronic unemployment and poverty, especially when parents are concentrating more on the economic survival of the family than on the attitudes and behavior of

the children. It is also seen in affluent families that indulge their children's every material request. Lastly, it is seen in families where parents do not have quality time to spend with their children because of job demands.

I challenge you to take a stand and do what is right for our children. We can make our schools safe sanctuaries for building people right side up. America's children can achieve a full measure of moral, spiritual and intellectual health. Martin Luther King once said that the choice today is no longer between violence and nonviolence. It's either nonviolence or nonexistence.

Gregory Carter lives in Richmond with his wife and six children. Growing up in Richmond, he attended Armstrong and Kennedy High Schools, and graduated from the University of Richmond in 1978. Since 1978, he has taught American History, World History, Geography, United States Government and Economics. During the past 14 years he has also coached Cross Country, Track and Basketball (at the junior varsity and varsity levels) at Armstrong High School. He served on the Expert Panel convened this past summer to discuss the development of Early Warning, Timely Response: A Guide to Safe Schools. *NASP thanks Mr. Carter for his openness in sharing his experience and thoughts with our readers. This article was previously published in the November 1998 issue of* Communiqué *(volume 27, no. 3).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Grief

by Gary W. Mauk, Ph.D., NCSP & Jim D. Sharpnack, Utah State University

Background and Development

Most children will experience the death of a relative, friend, neighbor, or pet sometime during their school years (Sims, 1991). Nearly two decades ago, before the steep increases in deaths from a variety of unnatural causes (e.g., suicide, homicide incident to gang violence, AIDS), Ewalt and Perkins (1979) estimated that by the time they attain their senior year in high school, 90% of youths will have known a family member or friend who has died. Despite the recent increases in the numbers and types of deaths, children and adolescents continue to be exposed to both vicariously (e.g., through media and conversations) and directly. Wass, Miller, and Thornton (1990) found that only 11% of U.S. public schools offered a course or unit on death education and only 17% had grief support programs.

A study of middle school students in North Carolina revealed that more than 40% of the students had been personally involved with death within the past year (Glass, 1991). Oates (1993) asserts that, "If one adds to the deaths of parents and relatives the increasing number of violent deaths of school-age children, it seems unlikely that any school-age child will reach adulthood without experiencing a loss related to death" (p. 38). Unfortunately, as James and Cherry (1988) observe, "we are better prepared to deal with minor accidents than we are to deal with the grief caused by death. Simple first aid gets more attention in our world than death and emotional loss" (p. 12).

However, grief does not always entail death. Grief is not only a response caused by the death of someone loved but also a response characteristic of the loss of something or someone held to be significant in an individual's life (Sims, 1991). It can be as simple and as seemingly insignificant as the loss of a favorite old sweatshirt to the dispassionate ravages of time or as complex as the loss of a close friend or parent to the ravages of a pernicious disease. Grieving is the process of separating oneself from losses for survival, for effecting necessary changes in life, and for fostering new attachments and commitments (Floerchinger, 1991).

The entire response to death is called bereavement, which includes the grief process, and attempts to create meaning from the loss (Saunders, 1981). Attempts to discontinue some feelings surrounding the loss and reattaching those feelings to significant others is known as the mourning process (Stein, 1974). Viewing grief as an emotional process that challenges a youth's ability to cope with loss poses unique opportunities for children's and adolescents' growth (Hipp, 1995). Healthy grief resolution means (a) placing the loss in perspective without permanently impairing one's competencies to function in various roles, (b) finding inner strengths as one struggles with bereavement, and (c) often uniting people who might otherwise have remained divided and isolated.

Although grief can be construed as a generic response to loss including the loss of inanimate objects, this chapter will focus on aspects of grieving in children and youth related to the death of significant others, specifically parents, siblings, and friends. Although death has always been a reality for children and adolescents, the nature of death in the lives of children and adolescents has become more violent in recent years and is more likely to involve peers (Brock, Sandoval, & Lewis, 1996). For example, homicide and suicide have historically alternated between second and third in a list of the leading causes of death among adolescents (ages 15 to 24), with accidents being the leading cause of death in this population (Gardner & Hudson, 1996). A recent U.S. Department of Justice survey found that 2% of students (approximately 400,000) had been the victims of a violent crime at school. In fact, during 1993 (the most recent reporting year for national data at the time this chapter was written) more than 8% of all deaths among youth ages 15 to 24 were unexpected (accidents) or had

violent roots (suicide, homicide; Gardner & Hudson). Overall, the prevalence of death in the lives of children and adolescents is increasing (Deaton & Berkan, 1995).

The Purpose and Phases of Grief and Mourning

Loss is "a physical, mental, emotional, and spiritual wound" (Hipp, 1995, p. 25), and grief incident to the loss is composed of a wide variety of individual manifestations and reactions. Grief responses are natural reactions when children experience loss and separation from someone they were close to and/or loved. The grief responses of children and adolescents express three things: (a) feelings about the loss; (b) protest at the loss including the wish to undo it and have it not be true; and (c) the effects from the assault on the self caused by the loss (Rando, 1988). Young people's grief responses can include shock, fear, anger, guilt, isolation, loneliness, confusion, and helplessness (Bertoia & Allan, 1988).

Like adults, youth are often numbed or temporarily stunned by the news of a death. Shock is the body's physical denial and serves as a protective shield around the youth (Beckmann, 1990). The body systems of children and adolescents temporarily shut down, sometimes to the point that they are unable to cry. They might even laugh or appear quite calm. Some youth are fearful of letting down their emotional defenses and will deny that the person has died. Denial can be expressed by children and adolescents in several ways (e.g., they may refuse to talk about the deceased; they may act "extra good" to see if the deceased will return; they may deny that the deceased ever existed or may deny the importance of the deceased).

Fear and anger are other common grief responses (Beckmann, 1990). Children may describe panic or alarm as a sore throat, tightness in the chest, or difficulty in breathing. They may show signs of having an "anxiety attack" or may have nightmares. Bertoia and Allan (1988) observe that some children and adolescents may feel worried that classmates might inquire about the death, because then the possibility exists of crying at school and being embarrassed by the loss of control.

The anger of children and adolescents may be focused on God for taking their loved one, on the deceased for abandoning them, or on themselves if they feel they have in any way caused the death. Anger often may not be expressed toward the true target but may be displaced and focused on someone or something that is less threatening (e.g., parents, siblings, teachers, objects, or anyone who seemingly could have prevented the loss). Few adolescents can admit their anger, let alone cope with it (Beckmann, 1990).

The purpose of grief and mourning is to take the youth beyond these reactions to the loss (Rando, 1988). Attainment of this goal requires that the child or adolescent work actively to adapt to the loss. According to Rando, the ultimate task of grieving is learning to live with the changes associated with the loss. She asserts that all grief responses fall into three broad, general, and flexible categories, which actually constitute three major phases of response. The word phase is used in place of the more common word stage, because Rando believes that some professionals have misinterpreted previous work in this field. When grief is described in stages, it implies that grief is an orderly and unvarying process, that all people grieve in the same way. However, although people may share many aspects of grief, their responses are quite personal and idiosyncratic (Rando, 1988).

The first grief-response phase is avoidance characterized by shock, denial, and disbelief. The second phase is confrontation, a highly charged and emotional state in which the child or adolescent realizes that the significant other or loved one is dead and in which grief is most intense. The third grief response phase is reestablishment in which there is a gradual decline of acute grief and the beginning of an emotional and social reentry into the everyday world. Rando (1988) asserts that all of the descriptions of grief for any group include these three broad phases.

Grief and Guilt

Three kinds of guilt are often associated with grief (Beckmann, 1990). The first type of guilt is called survivor syndrome and involves the question, "Why did they die instead of me?" Real guilt is due to doing or not doing something while the deceased was alive (e.g., "I acted out of carelessness which caused the accident"). Also, some guilt is due to unexpressed anger that the surviving child or

adolescent may possess. Imaginary guilt includes components such as "thoughts can kill" (e.g., "My brother died because I fought with him and I wished he were dead").

Imaginary (or unrealistic) guilt usually stems from a situation which was uncontrollable. This type of guilt is irrational and must be discussed with the aggrieved child or adolescent. Sometimes imaginary guilt is due to lack of knowledge or incomplete thinking. In any case, the effects of "unresolved guilt" can be mentally and physically harmful (Beckmann, 1990).

Developmental Aspects of Grief

The most common mistake that adults make when associating or working with young people who are grieving, particularly children, is to presume that children think like adults (Giblin & Ryan, 1991). Bertoia and Allan (1988) note that although each youth is unique, "understanding of death generally depends on developmental level, previous death experiences, and cognitive ability" (p. 31). To provide a context for the grief work of children and adolescents, professionals need to examine some of the perceptions which young people maintain about death and explore constructive measures for assisting aggrieved children and adolescents to confront and to accept such a loss, so that they can maintain a course of healthy physical and psychological development (Giblin & Ryan, 1991).

Knowledge of characteristics and behaviors often correlated with bereavement in children and adolescents can be useful for school psychologists in at least three ways. First, the characteristics and behaviors inform school psychologists of the kinds of reactions that can be expected in children and adolescents who have experienced a loss through the death of a significant person in their lives. Second, they serve as indicators of the depth and length of the youth's distress (i.e., the more pronounced and long-lasting the characteristics or behaviors, the more disturbing the event has been for the young person). Third, the disappearance of certain behaviors can suggest that the school psychologist is effectively assisting the child or adolescent in the grieving process (i.e., that the young person is adjusting constructively to the death; Thomas, 1990).

Preschool children: Prior to age 6, most children believe death is gradual, happens to very old people, and is reversible (Giblin & Ryan, 1991). For children in this age group, part of the difficulty in accepting the reality of death is normal egocentric thinking:

> *Death is perceived as something that happens to others, not to the self. Anxiety can be caused by the child's concern about who will look after basic needs, and by an egocentric belief that the child is, in some way, responsible for the death, through wishes or thoughts, bad behavior, anger, or neglect of responsibility.* (Bertoia & Allan, 1988, p. 31).

Too often, adults presume erroneously that young children are unaffected by a death. However, preschoolers experience grief phases similar to those of adults (Duncan, 1992). Fear of abandonment, difficulty forming new attachments, and beliefs about causing the loss are problems that young children may encounter along their normal journey through the grief process (Ney & Barry, 1983). Adults who attempt to protect young children by providing inaccurate or ambiguous answers can further confuse children and delay their grieving process (Norris-Shortle, Young, & Williams, 1993). Regressive behaviors for this age group include thumb sucking, temper tantrums, excessive clinging, and bowel or bladder problems. Eating and sleeping problems may occur in children under age five. Children under age two may temporarily exhibit loss of speech.

School-age children: By middle childhood, most children understand the finality and universality of death and, therefore, exhibit typical reactions of fearing death and of seeking ways to avoid it (Betz & Poster, 1984). Characteristic grief-related behaviors among school-age children may include phobic responses, hypochondriacal symptoms, withdrawal, aggressive acts, eating or sleeping problems, idealization of the deceased, and learning problems. Angry children may get involved in physical fights or display verbal tirades against the deceased individual, an attending physician, God, or surviving significant others. The display of aggression may also be an attempt by the child to gain attention from a grieving parent.

Adolescents: The peer group becomes increasingly important for adolescents, as they place less emphasis on family relationships. The fear of being rejected by their peers may keep adolescents from expressing their thoughts and feelings about the death (Osterweis, Solomon, & Green, 1984). Aggrieved adolescents may develop bowel or bladder problems, stomachaches, eating complications, headaches, rashes, or any combination of these symptoms. Sleep disturbances can result in adolescents getting more or less rest in comparison to their usual sleeping patterns. Some examples of regressive behavior include loss of interest in important peer activities, remaining at home to stay closer to family members, competing for parental attention with younger siblings, and engaging in defiant behaviors (Everstine & Everstine, 1993). The presence of antisocial behaviors such as stealing, vandalism, promiscuous sexual activity, and using drugs become a possibility for adolescents (Everstine & Everstine). Aggrieved adolescents' emotional painincident to the death can lead to impulsive behaviors that serve as escape mechanisms from the feelings associated with loss.

Bereavement produces intense and enduring emotional distress that outsiders seldom appreciate (Osterweis et al., 1984). Effects of bereavement may affect many areas of an adolescent's life, for instance, self-concept and identity formation, interpersonal relations, schoolwork, family involvement, and overall psychological well-being. Heightened emotions among young people in this age group (i.e., anger, fear, depression) may well be normal characteristics of adolescent grievers striving for mastery and control over thoughts and feelings about separation and loss in relation to their own identities (Fleming & Adolph, 1986).

Problems and Implications

Contemporary society typically (a) avoids the discussion of death, (b) attempts to protect young people from death's influence, and (c) generally is not very supportive of grievers (Floerchinger, 1991). Many unhealthy grief reactions are exacerbated by the lack of societal support for, and understanding of, the aggrieved person (Paul, 1969). Denial of grief almost always leads to a delay and prolongation of bereavement, to more troublesome and inappropriate behavior toward others, and, in extreme cases, to psychological impairment. Naturally, there are many variables that will affect both the intensity of a child's or adolescent's reactions to the death of a significant other and the availability of support.

Grief reactions are influenced by emotional, intrapersonal, interpersonal, psychological, and social variables. However, in light of the unique combinations of factors that may facilitate or impair grief resolution in children and adolescents, the grief responses of each young person must be examined individually (see Table 1). For example, based on their review of clinical and research data, Osterweis and Townsend (1988) noted that the following factors increase the risk of long-term negative outcomes following the death of a parent or sibling:

- The loss occurred when the child was under 5 years of age or during early adolescence.
- The loss of a mother for girls under age 11 and loss of a father for adolescent boys.
- Preexisting emotional difficulties.
- Preexisting conflict between the child and the deceased.
- A surviving parent who becomes excessively dependent on the child.
- A lack of adequate family or community supports or a parent who cannot use support systems.
- Unstable, disruptive environments including numerous caretakers and broken routines.
- A parent who marries someone with whom the child has a bad relationship.
- A sudden or violent death (including homicide or suicide).

Similarly, Gerald Kliman (1968) in his book, *Psychological Emergencies of Childhood* (pp. 89-90), proposed a number of criteria that indicate the need for preventive intervention for children or adolescents following a death (see Table 2).

The Death of a Parent

One out of every twenty children will face the death of a parent or stepparent during their childhood, and one of every five children will experience the death of a parent by age 16 (Los Angeles Unified School District, 1994). The death of a mother or father is difficult for youth of all ages. Parents are the main recipients of their child's feelings. Parents fulfill a child's needs and represent a part of their child's personality. Parents are also considered instrumental in the further development of their

Table 1.
Selected Factors Associated with the Psychosocial Impact of a Death on Youth

Relationship to the deceased (e.g., parent, friend, teacher)	Quality/nature of relationship with the deceased prior to the death
Stability of multiple environments (e.g., family, school)	Number/nature of previous losses and death experiences
Nature of the death (e.g., expected versus sudden)	Extant repertoire and effectiveness of coping skills
Chronological age	Extant life stressors
Pre-death and extant health status and emotional functioning	Number/quality of available and supportive human resources
Social/cultural mores and proscriptions surrounding death and grieving	Religious/spiritual beliefs of self, family, and community
Actual chronological time elapsed since the death (Time Chronos)	Personal perception of time elapsed since the death (Time Kairos)

Note. Some material in this table was adapted from *Helping Bereaved Children: A Booklet for School Personnel* by M. Osterweis and J. Townsend, 1988, Rockville, MD: U.S. Department of Health and Human Services, National Institute of Mental Health.

Table 2
Criteria Indicating the Need for Preventive Intervention Following a Death

Presence of one or more of the following:

Parental suicide.
Poor relationship between the youth and the deceased or the surviving parent.
While living with relatives, the deceased presented psychopathology a year before death.
The surviving parent manifests psychopathology.
A girl under 8 years of age whose mother died.

Presence of two or more of the following:

Youth is under 4 years of age.
Presence of psychopathological symptoms in youth.
Father died during the youth's adolescence.
The death causes a geographic move or severe economic hardship.
Unavailable surrogate object with same sex and age variables as the deceased.
The surviving parent has pathologic mourning.
Increasing physical intimacy between the surviving parent and the youth.
Crying does not occur in youth under age 8 in the first weeks after the death.
No discussion of the deceased or the death in a youth older than 4 years of age.
Refusal to participate in religious or funeral activities in youth under the age of 5 years.
An unusually cheerful mood beginning the first week after a parent's death.
Sudden and unexpected death.
The death was the result of a terminal illness that lasted more than six months; the terminal illness involved disfiguration, mental deterioration, or mutilation.
Childbirth or uterine, ovarian, or breast cancer caused death and the bereaved are girls or young women.
The illness was concealed, or the child was misinformed by family.
Family delayed information about the death for more than one day to the child.

Note. Some material in this table was adapted from *Psychological Emergencies of Childhood* by Gerald Kliman, 1968, New York: Grune and Stratton.

child's personality. Costa and Holliday (1994) observe that:

> *To a child, the death of a parent is the worst thing imaginable. When it happens, the world turns upside down, security is shaken, and the pain is overwhelming. This traumatic event is one that will affect a child profoundly for the rest of his or her life* (p. 206).

However, some youth may experience special difficulties when a parent dies. Parental rules and values serve as the foundation of principles among children between the ages of 4 to 7 (Furman, 1984). If a parent dies between these ages, conscience development tends to occur prematurely resulting in an unequal balance favoring punishment over reinforcement (Furman, 1984). Also, one of the most prevalent consequences of parental death, especially if the death occurs when the child is young, is lowered self-esteem (Costa & Holliday, 1994). When young children idealize the parent who died, they often have difficulty forming new relationships and integrating later adult roles and often do not complete the grief recovery process (Crenshaw, 1990). Adolescents, who engage in normal power struggles with and rebellion against their parents, often experience substantial guilt if the parent with whom they struggled and against whom they rebelled dies (Oates, 1993).

Bertoia and Allan (1988) note that the research literature "indicates that psychopathology in later years is much more common among individuals who experienced the denial or unresolved death of a parent in childhood" (p. 35). Although the death of a parent is traumatic and unforgettable, the child can recover. A key factor in this healing process involves a supportive relationship with the remaining significant adult (Costa & Holliday, 1994).

The Death of a Sibling

Although studies of youth grievers have focused most often on death of parents, some attention has been given to sibling death (McCown & Davies, 1995). Among almost half of the families who lose a child to death, siblings of the deceased young person manifest depressive symptoms and severe separation anxiety (Jewett, 1982). A young person's death represents a major change in a family (McCown & Davies, 1995). Not only has the surviving child's brother or sister gone away, but the parents' behavior is altered by their profound grief resulting from the loss, grief which may rob them of their usual energy, interest, and vitality in their parent role with their surviving children (McCown & Davies). Memories of intense rivalries, teasing, fights, and other negative interactions with the sibling who died may leave a special burden of survivor guilt for remaining siblings (Wass, 1984). Although siblings often may be rivals, they usually have strong emotional bonds and frequently depend on each other for affection and companionship.

Thus, sibling grievers, in common with other children and adolescents who experience the loss of someone close, experience the normal gamut of reactions and emotions which include sadness, loss of trust, regret, and guilt (Davies, 1990). In a recent parent-report study of bereaved siblings, McCown and Davies (1995) found sex differences in grief responses. Although both boys and girls manifested predominantly aggressive behaviors characterized by instrumental attention-seeking actions, girls also frequently demonstrated depressive (internalizing) behavior. In contrast, boys possessed substantial inability to concentrate and hyperactive (externalizing) behavior. Research studies of youths' reactions to the death of a sibling (or a parent) have reported that such children and adolescents typically appear sad, angry, and fearful. They often are withdrawn, dependent, regressive, and restless. Frequently they have trouble concentrat-ing, and, hence, they experience difficulties in school (Thomas, 1990).

The Death of a Friend

Although peers play an important role in the lives of youth, especially adolescents, the reactions of young people to peer death has not been a top priority in research literature. The paucity of research is doubling perplexing considering the incidence of violent deaths from accidents, suicide, and homicide that accompany adolescent risk taking.

Young people who are friends and classmates of a deceased peer are indirect victims, subject to survivor guilt manifested in physical and psychosomatic illness or acting-out behaviors, especially

anger (Kliman, 1978). Many adolescents are affected by the death of a peer, but their grief may be ignored because the main priority of the bereavement process is on surviving family members (Raphael, 1983). Peer bereavement during childhood and adolescence is often a matter of "disenfranchised grief" (Doka, 1989, p. 4), and young people bereaved over a peer's or friend's death are often "forgotten grievers," who are seldom given appropriate attention as they struggle to cope with their loss (Doka, 1989).

A Special Case: The Death of a Friend or Peer by Suicide

Adolescent suicide is a particularly disturbing mode of death for friends and acquaintances who are left behind in its wake (Mauk & Rodgers, 1994). Suicide is a self-administered, separate, and distinct cause of death which cannot be compared to any other crisis. Further, the stigma and proscription that exist regarding suicide serve to intensify the survivors' feelings of blame, self-doubt, confusion, shame, resentment, and guilt. For the adolescent survivor, who views the self as indestructible, the death of a friend or acquaintance challenges his or her coping resiliency (Mauk & Weber, 1991). In most cases, survivors will have little time for anticipatory grief. Issues related to suicide and postvention are discussed in detail by Brock and Sandoval (see Suicidal Ideation and Behaviors, this volume).

Bereavement Versus a Major Depressive Episode

As a part of their reaction to a death, some individuals may exhibit characteristics of a major depressive episode (MDE) with symptoms such as feelings of sadness or worthlessness, sleeping problems, psychomotor retardation, daily functioning impairment, preoccupation with death, and eating disturbances. Ordinarily, a diagnosis of MDE is made only if symptoms are still present more than 2 months following the loss. However, diagnosis may be appropriate even within that time frame if the bereaved individual exhibits marked functional impairment and feelings of guilt, thoughts of death, and/or hallucinatory experiences associated with issues other than the loved one's death (American Psychiatric Association, 1994).

Time and the Bereavement Process

With respect to time, societal pressures to curtail grief expressions emanate from the assumption that "time heals." This is simply not true. In working with the bereaved, it is important to stress that it is not the time you have to use but how you use the time you have. Zinner (1990) notes that grief work has few shortcuts and takes longer than most people expect or contemporary culture allows. Raphael (1983) reported that the physiological and psychological effects of profound loss on survivors of all ages may continue in varying intensity for many years.

The concepts of time Chronos and time Kairos from the field of anthropology are useful in describing differences in the experience of time (Campbell & McMahon, 1985). Time Chronos is chronological time, and clocks and calendars measure this experience of time. In contrast, time Kairos refers to the duration it takes for the person to resume growth. Time Kairos is not measured by temporal means but rather indicates the changes youth experience as a result of moments of awakening or realization (Campbell & McMahon).

As children and adolescents experience the full grieving process, time Chronos is valuable only in that it gives them a span within which to experience time Kairos. The passing of days and weeks and months does not within itself bring resolution to their conflict. The time it takes children and adolescents to finish the work of their grieving depends completely on time Kairos which can only move forward through perceived and actual support provided by significant individuals in their world (Deaton & Berkan, 1995).

Typical Grief Symptoms versus Grief Complications

There is much about the normal grief experience that is frightening, even terrifying, for adults let alone children and adolescents. Aspects of the normal grieving process (e.g., vulnerability, the fear of "going crazy," strange physical sensations, self-criticism) can leave the bereaved child or adolescent

psychologically and physically shaken. The anxiety generated as one confronts this puzzling, unfamiliar, and frightening array of psychological and physical experiences can be reduced to manageable proportions through cognitive interventions designed to correct misconceptions regarding grief (Fleming & Adolph, 1986).

The extent and duration of grief reactions probably depend on the centrality of the relationship to the deceased person, as well as on the perceived preventability of the death (Bugen, 1979). If a young person's grief responses interfere with the resumption of his or her usual tasks and activities, grieving has become a problem (Beckmann, 1990). Other clues or indicators that a youth is not progressing adequately through the grieving process are provided by Beckman (see Table 3).

For many children and adolescents, professional help is needed before they evidence positive adaptation to the loss. Early loss experiences, such as the death of a significant other, are often carried by a youth throughout his or her life, only to be reawakened at other distressing and painful moments (Gaffney, 1988). However, these first significant loss experiences can provide valuable information and skills to ease the pain of future losses (Gaffney).

Table 3
Symptoms Indicating Grief Complications

Problems in school (e.g., falling grades, underachievement, behaving aggressively toward others)
Delinquent behavior (acting out in school or at home)
Self-destructive behaviors (e.g., excessive use of alcohol or other drugs, increasing sexual activity without regard to sexually transmitted diseases, pregnancies)
Aggressive behaviors (e.g., slamming doors, smashing or destroying objects, loud cursing)
Lack of emotion/loss of feelings
Overactivity
Psychosomatic conditions (i.e., may acquire the symptoms of the deceased)
Personality changes (e.g., paranoid behavior: "everyone is against me")
Withdrawing or retreating from social activities or becoming isolated
Suicidal ideation
Giving away possessions
Continual anger or depression
Unusual vulnerability to new separations

Note. Some material in this table was adapted from *Children Who Grieve: A Manual for Conducting Support Groups* by R. Beckmann, 1990, Holmes Beach, FL: Learning Publications.

Alternative Actions

To be human and to live in the world is to experience loss. These losses can be small or great yet they are always personal and are mileposts along life's journey. If you accept that many children and adolescents experience personal loss through death, and that grief is a natural and normal reaction to such a loss, then grief-management techniques and tools should be an integral part of school support services (Deaton & Berkan, 1995). Further, schools should be proactive in their endeavors to assist students who are grieving a death (Brock et al., 1996). That is, schools should plan for such contingencies as student death. As Sims (1991) observes: "One should not have to wait until a dramatic or traumatic life event occurs to begin preparation for life's crises" (p. 187). More recently, Oates (1993) asserted that when death affects a school community, there can be resultant chaos or an orderly resolution of the crisis and trauma: "The outcome largely depends on how effectively school staff respnd, and effective responses require planning" (p. 93). The loss of a significant person in the life of a child or an adolescent is at once a time of crisis for the students caught up in the emotional and psychosocial aftermath of the death and a time of opportunity for the school psychologist and other helping professionals, who can provide timely assistance to the grieving student (McCoard, 1990).

Tasks for Bereaved Children and Adolescents

When a significant other dies, children or adolescents lose someone who has been a part of their lives and activities. Because the normal and predictable response to loss is grief, the concern is not whether the youth will grieve, but whether his or her grief will be healthy and functional or pathological and dysfunctional (Parkes, 1990). Adults can play an important role in ensuring that the grief is good

grief (i.e., that it helps the aggrieved child or adolescent stay psychologically healthy and that it strengthens the individual's capacity to cope with future losses; Fox, 1989). To grieve successfully, Fox notes that bereaved children and adolescents must accomplish four tasks:

1. *Understanding.* This task involves knowing that the person is no longer alive (his or her body has stopped working) and that the person will never again be around. Completion of this task requires the provision of honest and age-appropriate information that dispels rumors.
2. *Grieving.* The young person must experience and express the feelings that go with the loss, including sadness, anger, and guilt. The specific content of the grief will depend on the child's or adolescent's relationship with the person who died, on the cause of death, and on a variety of other factors (see Table 1).
3. *Commemorating.* This is the process of formally or informally remembering the life (rather than the death) of the person who died. Commemoration confirms both the reality of the death and the value of human life.
4. *Going on.* After completing the first three tasks, the young person needs to resume the usual activities of living, learning, and loving. However, it is not quite accurate to say that young people "forget." The reality is that the young person never completely "gets over" the death of a significant other; he or she simply learns to live with it. Certainly the acute phase of grief begins to subside, and the pain becomes less intense and more intermittent, with increasingly longer periods of peacefulness intervening. However, incidents such as the aggrieved child or adolescent hearing a favorite song or thinking he or she has seen the deceased in a crowd may trigger a grief response of astounding magnitude (Fleming & Adolph, 1986). After a child or an adolescent has dealt with the death and with its accompanying grief, he or she can go on with living (Fox, 1989).

The School as a Context for Grief Intervention

Death and grief education programs have become much more prevalent in schools in recent decades (Deaton & Berkan, 1995). A primary rationale for these programs is that education is known to be a beneficial intervention tool either prior to or after a loss (Oltjenbruns, 1991). Educational programs aimed at lessening the risk of postbereavement morbidity need to be developed and implemented with young people (Fleming & Adolph, 1986).

Nelson and Slaikeu (1990) observe that schools are unique settings for crisis intervention, including grief work for two reasons. First, schools are the only public institutions to have daily contact with children for 6 or more hours, at least 9 months during the year, affording time and physical proximity for therapeutic work. Second, the goals of schools and therapeutic intervention services are extremely compatible, as both strive for individual growth and development based on learning. Deaton and Berkan (1995) assert that, "No other entity in the community has a better opportunity or the means to provide prevention, intervention, and postvention activities concerning death issues than the local school system" (p. 7).

Postvention is a form of tertiary prevention and, although the term is most often used to refer to efforts that address the effects of an individual's suicide on the victim's friends and family (Shneidman, 1981), it entails the provision of therapeutic assistance and support in the aftermath of any crisis. In the present context, postvention is (a) that process after the death of a significant person in the lives of children or adolescents during which they work toward psychological healing and readjustment to healthy living, and (b) the provision of both educational and therapeutic interventions to forestall bereavement complications in aggrieved youth.

When confronted with the death of a significant other, young people need a methodology whereby their often unspeakable fears and sorrows may find expression so that the cornerstones of the healing process may be laid (Cunningham & Hare, 1989). Assisting young people, especially the very young child, to understand the death of a significant other is never an easy task. "A child's perceptions of death may be couched in images which lie between fantasy and fact, while verbal command is not always available for the expression of feelings or fears. Nevertheless, most children have an aware-

ness and sensitivity to which honest, yet simple explanations of death may be directed" (Salladay & Royal, 1981, p. 204).

In general, death is a very sensitive topic to discuss and address in a school setting (Considine & Steck, 1994). However, there are some strategies of which educators should be aware. Considine and Steck recommend various positive actions to take and numerous pitfalls to avoid (see Table 4).

Activities used to facilitate healthy grieving in children and adolescents may be *developmental* (i.e., used before a death occurs) or *responsive* (i.e., used after a death). Oates (1993) asserts that *how* various activities and strategies are implemented depends on the expertise and comfort level of the educator or helping professional, the age or grade level of the student(s), and the circumstances surrounding the death as well as the type of death (Cunningham & Hare, 1989). Excellent resources are available for adults who desire to engage in the challenging yet rewarding work of assisting young people in the grieving process. Many of these resources are listed in the annotated bibliography at the end of this chapter.

Also, it is important to educate parents, professionals, and paraprofessionals through various media regarding the nature of grief and adaptive processes to deal with it. Topics might include the necessity for the open expression of grief and frank discussion of the deceased (in effect, granting affected individuals permission to grieve), the need to recognize and accept support during this vulnerable period, the importance of good communication skills, the identification of behaviors helpful to the griever, and the recognition of the child or adolescent who may be at risk for bereavement complications.

Providing aggrieved children and adolescents with grief education and support can assist them to understand, process, and navigate through loss and, at the same time, help them to see themselves as competent, strong, resilient, and worthwhile individuals (Hipp, 1995). Toward this end, Sims (1991) makes the following observations:

> *Although painful things do happen in life, it is not "the end of the world" for long.... Loss hurts, and we cannot find the words to soothe that hurt—there aren't any. We cannot shield our children from the twists and turns of living. We cannot protect them from experiencing life. We can, however, build supports and safety nets, not only for our children, but for ourselves as well. That requires love and faith, strength and support. Hurt and pain have their lessons, and we cannot rob our children of the rich tapestry that hurt and love weave together. To eliminate one from the loom is to break the thread and steal away the fabric.... "Who am I now?" can become a real challenge rather than a despair if we allow our children and ourselves to claim every experience and support each other as we grow through the triumphs and the trials* (p. 189).

Table 4
Positive Actions and Caveats for Addressing Death in the School Setting

Permit students to express their feelings and opinions.
Use simple and direct language in explaining things about death.
Start with material that arouses the least emotion and progress to materials that arouses the most emotion.
Help students know that they are not responsible for the death.
Present material in a nonmoralistic fashion.
Be sensitive to students who may have emotional or negative reactions.
Tell students that sickness may be the cause of death but explain in detail.
Tell students the truth.
Tell students that you do not have all the answers about death.

Note. Some material in this table was adapted from *Working Together: When Death Comes to School* by A. S. Considine and L. P. Steck, 1994, Paper presented at the 14th Annual National Conference of the American Council of Rural Special Education (ACRES), Austin, TX.

Summary

Children and adolescents encounter loss quite frequently in their lives from a variety of expected and unexpected causes. Young people who experience the death of a significant other must ultimately come to emotional closure

as individuals. Although grief resolution (if complete resolution exists) is very much a personal task, children and adolescents too often find themselves adrift alone in the stormy and frightening sea of loss by death and need the caring and efficacious assistance of adults to navigate and bring them safely to the port of resolution.

Because the majority of work in the area of grief and bereavement has focused on adults, there are still many unanswered questions surrounding the grieving patterns of children and adolescents. Yet, there are some general developmental and psychological guidelines for normal grieving and some risk indicators to be monitored for children and adolescents who do not appear to be approximating grief resolution adequately.

Van Ornum and Mordock (1990), in response to the question, "What can we do for youth struggling with grief?" assert that, as helpers, "We need to be available. We need to listen. We need to recognize, understand, and make allowances for the grieving process. We will not be stronger than the grief, but we can help children do what they must do" (p. 79). School psychologists can experience substantial personal rewards when youth with whom they have worked learn to cope with and adapt to the deaths of significant persons in their lives. Ideally, in the shadow of such a death, professionals and aggrieved youth can manifest personal resilience and growth, a greater appreciation for life and people, and enhanced capacities for empathy, compassion, and caring.

Recommended Resources

Selected Resources for Educators

Balk, D. E. (Ed.). (1991). *Journal of Adolescent Research* (Special issue on death and adolescent bereavement), 6 (1), 1-156.

This special issue reviews current research and future directions in death and adolescent bereavement. Articles include such topics as dialectical themes in adolescent conceptions of death, positive outcomes of adolescents' experience with grief, aspects of sibling bereavement, and perspectives on grieving and postvention for peer survivors of adolescent suicide.

Deaton, R. L., & Berkan, W. A. (1995). *Planning and managing death issues in the schools: A handbook.* Westport, CT: Greenwood Press.

This excellent resource for educators describes prevention, intervention, and postvention activities regarding death issues and grief interventions for youth in school settings.

Essa, E. L., & Murray, C. I. (1994). Young children's understanding and experience with death. *Young Children, 49* (4), 74-81.

This article reviews the research literature and highlights young children's cognitive and emotional understanding of death. The authors offer practical suggestions for helping young children cope with death.

James, J. W., & Cherry, F. (1988). *The grief recovery handbook: A step-by-step program for moving beyond loss.* New York: Harper & Row.

Also appropriate for parents or caregivers, this inspirational book presents the authors' step-by-step grief recovery program. The specific down-to-earth advice in this book can help individuals work through their loss to create a richer, fuller life for themselves and those around them.

Oates, M. D. (1993). *Death in the school community: A handbook for counselors, teachers, and administrators.* Alexandria, VA: American Counseling Association.

A valuable resource for school administrators, faculty, and staff, this book can assist in planning for and managing various types of deaths in schools. The book provides an overview of death in schools, presents aspects of a plan for dealing with death contingencies, explicates the understanding of grief in school-age children, and supplies guidelines for leading loss and grief groups

Selected Resources for Parents and Caregivers

Chaloner, L. (1962). How to answer the questions children ask about death. *Parent's Magazine, 37,* 100-102.

The author indicates how, before addressing the needs of one's own children, a parent must first be comfortable with their self-perception of death and its impact.

Grollman, E. A. (1970). *Taking about death: A dialogue between parent and child.* Boston: Beacon Press.

In an attempt to help parents talk to their children about death, this source addresses often-asked questions by children about death.

Monahon, C. (1993). *Children and trauma: A parent's guide to helping children heal.* New York: Lexington Books.

This book teaches parents about the effects of trauma, including the death of a significant other, and provides a blueprint for restoring a child's sense of safety and balance.

Stein, S. B. (1974). *About dying.* New York: Walker and Company.

To assist parents in the explanation of death to children, half of the book tells the story of the death of Snow, a bird, and the rest of the book focuses on information that is helpful to children about death and loss.

Selected Resources for Children

Cohen, J. (1987). *I had a friend named Peter.* New York: Morrow.

This story is about a young girl, Betsy, who is troubled and has many questions when her best friend dies. It is an excellent resource to help children age 6 through 12 who are grieving the death of a peer.

Gootman, M. E. (1994). *When a friend dies: A book for teens about grieving and healing.* Minneapolis: Free Spirit Publishing.

This well-written book helps adolescents handle one of life's most difficult and all-too-common events: the death of a friend. The author's advice and explanations are practical and perceptive, and she contributes many ideas to discuss with others to help grieve in healthy ways.

Hipp, E. (1995). *Help for the hard times: Getting through loss.* Center City, MN: Hazelden Publishing.

This book reviews, in very "youth-centered" language, the concepts of loss and grief, getting through and growing through the difficult times after a loss, healing after a loss, and supporting someone else who has experienced a loss.

Johnson, J., & Johnson, M. (1982). *Where's Jess*? Omaha, NE: Centering Corporation.

After the death of a son, parents attempt to answer death-related questions posed by their surviving child.

LeShan, E. (1988). *Learning to say goodbye: When a parent dies.* New York: Avon Books.

This book, for children ages 8 and older, describes common feelings after the death of a parent and discusses how to work through their grief. This book is also helpful for adults who seek more understanding about how loss affects children.

Richter, E. (1986). *Losing someone you love: When a brother or sister dies.* New York: Putnam.

Early adolescents through young adults (ages 10-24) frankly discuss their experiences following the death of a sibling.

White, E. B. (1952). *Charlotte's web.* New York: Harper and Row.

In this classic story, the relationship between Wilbur, a pig, and Charlotte, a spider, provides a setting for the triumphs and tragedies of the life cycle.

Relevant Organizations

Center for Trauma Information and Education (CTIE)
2522 Highland Avenue
Cincinnati, OH 45219.

The CTIE was established in 1992 for the purpose of promoting, developing, and implementing educational programs and publications in the field of psychological trauma. The overall mission of CTIE is the prevention and alleviation of psychological trauma in children, adolescents, and adults.

Good Grief Program, Judge Baker Children's Center
295 Longwood Avenue
Boston, MA 02115.

The Good Grief Program offers counseling to children in the Boston area and provides resource materials to helping professionals engaged in death education and bereavement counseling.

Institute for Trauma and Loss in Children (ITLC)
Corand Dex Plaza
2051 West Grand Boulevard
Detroit, MI 48208.

The ITLC is a nonprofit organization that provides knowledge, resources, and training to professionals so they can more effectively assist children and families who experience nonviolent and violent loss or trauma. The ITLC offers half-day, full-day, or multiple-day multimedia training to professionals in schools and other agencies.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Childhood Responses to Trauma

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Feelings and Symptoms

The National Center for Post-Traumatic Stress Disorder suggests that children who go through traumatic episodes may show a variety of psychological problems, including:

- poor peer relationships
- strained relationships within the family
- low self-esteem
- decrease in school activities and performance
- sexualized behavior (in cases of sexual abuse)
- delayed emotional development
- depression and anger
- decline in physical health
- substance abuse
- fears
- anger
- guilt
- feeling ashamed
- disturbing memories or flashbacks
- repeated nightmares and dreams of death
- belief in omens and prediction of disastrous future events
- pessimism about the future and expectation of early death
- avoiding reminders of traumatic experiences
- fear of re-experiencing traumatic anxiety
- behavioral re-enactment (expressed as repetitive play)
- emotional numbness (seeming to have no feelings, except perhaps anger)
- diminished interest in significant activities
- physical symptoms, such as stomachaches and headaches
- feeling constantly on guard, nervous and jumpy

Surviving or witnessing traumatic events may intensify symptoms of other pre-existing disorders, such as:

- attention disorders (ADD, ADHD)
- oppositional defiant disorder
- dissociative disorders
- panic disorder
- eating disorders
- phobias
- major depression
- separation anxiety disorder

Resources

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Winds of Terror

Children's Responses to Hurricane and Tornado Disasters

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NEAT Team Facilitators

As winter draws to a close, the phrase "El Nino" will forever be synonymous with unprecedented levels of climatic change. This weather phenomenon spawned numerous deadly tornadoes, produced tremendous flooding and led to a widespread increase of severe weather in the southeast and west coast regions of the United States. Regrettably, a number of school communities were ravaged by these vicious storms, leading to the traumatization of many children. In these and other natural disasters, school psychologists and other school based mental health professionals may be called upon to deliver crisis intervention services. As a profession, we must be prepared to meet such challenges. But in order to do so, we must first understand the factors that impact a child's reaction to these disasters and that influence the development of post traumatic stress symtomatology in the aftermath.

In the context of this article, we will focus on the basics of what school and mental health professionals need to know about how children respond to these types of disasters. Both authors have significant experience in providing post-storm mental health services to impacted school communities, including Hurricane Andrew (8/92) (see a series of articles by Lazarus on this disaster, Lazarus 1992a; 1992b; Lazarus & Jackson, 1993), the New Smyrna Beach tornadoes (11/97), the central Florida tornado outbreak (2/98), the Miami tornadoes (2/98), the north central Alabama tornado disaster (4/98), Hurricane Georges in the Florida Keys (9/98) and the cluster of tornadoes in Little Rock, Arkansas (1/99).

Factors that Impact a Child's Reaction to Severe Windstorms

There are numerous factors that may impact a child's reaction to severe windstorms. These include the nature of the warning, the speed of onset, proximity, perceived level of threat, fear of loss of life, exposure to death and destruction, duration of the event, conceptual issues, sensorial experiences, amount of loss incurred prior to exposure, pre-existing psychopathology and response of parents and other role models (National Organization for Victim Assistance [NOVA], 1998). These factors determine how and to what degree crisis reactions may manifest themselves in the life of a child.

The nature of severe windstorms: Although hurricanes and tornadoes differ in their formation and characteristics, there are both similarities and differences in how these events are experienced. Hurricanes, by their nature, provide ample time to prepare for their arrival, affording parents and children an opportunity to achieve a state of physical and emotional readiness. The long length of time prior to storm arrival may result in rising levels of anxiety and fear. Conversely, an approaching tornado may yield a warning of only 30 seconds to 15 minutes, allowing families little time to prepare.

While hurricane conditions gradually build and may persist for many hours, battering a large region with relentless winds, rains and flooding, tornadoes strike with instantaneous ferocity and make an expedient exit. Depending on the severity classification of the storm intensity (Hurricanes: Saffer - Simpson Scale of wind measurement, levels 1-5, level 5 being the most severe; Tornadoes: Fujita Scale, F-1 - F-5, F-5 being the most severe), damage and loss of life can range from minimal to catastrophic. Typically, hurricanes produce widespread damage with extensive impact limited to a relatively small area near the center or eye of the storm (10-50 miles). Tornado damage impacts a narrow swath of land where catastrophic loss of life and damage occurs. Further, tornadoes may impact an area ranging from several homes to an entire community up to a half mile in width. The twister may lift in and out of its parent cloud or remain on the ground for miles. These factors contribute to the randomness of

death and destruction and heavily influence a child's emotional reaction (NOVA, 1998).

Threat to security: This randomness has severe impact on a child's sense of safety and security. When a tornado destroys one house and leaves another relatively intact, this can create a sense of survivor guilt. Children may be particularly impacted by sensorial experiences perceived during the intense period of windstorm events. These visual, auditory, olfactory, tactile and gustatory perceptions are imprinted into the brain, where they may be later recalled with remarkable intensity. Children have frequently testified to the vividness of their storm memories: "As lightning filled the night sky, I witnessed a large yellowish-green swirling mass heading for my home;" " I heard pieces of my home being ripped and shredded apart;" "I felt a tremendous sense of pressure just before the roof lifted off our house." These and other personal recollections are powerful accounts of how storm experiences may intrude upon consciousness and influence post-event functioning.

The degree of life threat perceived by a child during the storm event strongly influences later reactions (Lonigan, Shannon, Finch, & Daugherty, 1991; Lonigan, Shannon, Taylor, Finch, & Sallee, 1994). During hurricanes, much loss of life occurs as a result of flooding, particularly the tidal storm surge which impacts coastal regions. The tremendous winds associated with strong hurricanes and tornadoes contain lethal potential. Children exposed to such conditions may believe that their death is imminent. Personal accounts detail how children and their families survive extreme storm events huddled together in the last standing room of their house, typically an interior bathroom or closet. These near-death experiences, which are accompanied by feelings of terror and helplessness, correlate highly with the development of post traumatic stress symptomatology.

Exposure to death and destruction is also an important determinant in addressing post-storm reactions. Many children tell horror stories of grotesque sights observed as they emerged from their place of refuge: "I watched the men scrape the remains of my neighbors from the big oak tree;" "I saw a dead lady twisted like a pretzel at the top of a tree;" "My house and neighborhood were gone, there's nothing left;" "I looked up to see huge helicopters lifting body bags off the hillside." Such graphic images serve to accentuate the degree of post-storm trauma and may be further exacerbated by the long-term clean-up and rebuilding of a community.

Previous trauma and dysfunction: Children who have been previously exposed to natural disasters or experienced other life traumas may be at a higher risk for developing significant post-trauma reactions. In such cases, the initial event, especially if not addressed with appropriate intervention, may make the child more emotionally vulnerable to post-traumatic stress reactions. Conversely, when positive interventions are instituted, children may respond to later events with better developed coping skills.

Preexisting levels of psychopathology within children or their families may be heightened during pre-storm and post-storm periods. Overall family functioning may also be impacted. Marleen Wong, who has assisted children in dealing with earthquakes in the Los Angeles Unified School District, believes that family difficulties present prior to natural disasters can further deteriorate as a result of such events. (Found in Kurtz, 1997).

Role models: Child reactions to the storm event are influenced by the behavior and emotions displayed by their parents and other the role models. Parents, who have realistically prepared for tornadoes and hurricanes and carried out their plans in a calm and systematic manner, promote child trust and the confidence that their families will remain safe and secure. Conversely, parents who have not heeded warnings to prepare may become increasingly anxious, fearful and out of control as storm conditions worsen. The observant child will frequently mirror such responses in her own behavior, and may seriously question her parents' ability to provide a safe and secure environment.

Child Reactions to Windstorm Events

Pre-storm: The expectation of approaching danger can initiate a spectrum of emotional responses within children. Reactions such as hypervigilence, confusion, denial, fear, anger, emotional withdrawal and mounting tension are common during this stage. As compared to tornadoes, the ample warning period prior to hurricane landfall allows for some degree of physical and emotional

preparation, including evacuation from the expected impact area. However, extensive media coverage of impending severe weather may add to emerging levels of anxiety and apprehension. As a result, children may regress in an attempt to feel safe and secure. Some children may fervently deny that the storm event will materialize, whereas, others will present with a carefree attitude and involve themselves in trivial activities. These emotional and behavioral responses will wax and wane during the pre-storm interval, but will become more acute as weather conditions deteriorate or, as in the event of a tornado, warning sirens indicate the arrival of immediate danger.

During storm: Children will present a variety of physical, emotional and behavioral responses during the intense period of storm impact. Physiological reactivity may mobilize "flight or fight" symptomatology including heart palpitations, rapid pulse, increased blood pressure, sweating, vomiting, involuntary urination and defecation. Emotional and behavioral reactions may range from moderate anxiety to intense stress, from fear to extreme terror, or from emotional withdrawal to frenetic activity.

The prolonged nature of a hurricane may serve to maximize such responses as storm intensity peaks and diminishes. For example, children exposed to Hurricane Andrew were most traumatized as they hunkered down with family members in bathtubs and closets during the height of the storm (see Lazarus, 1993a; b; c). Tornado survivors report similar responses; however, their reactions tend to reach acute levels instantaneously and gradually subside as the twister rapidly passes over a given site. In either scenario, a child's response may be characterized by periods of emotional confusion, disorganization, crying, screaming, loss of sleep and appetite, hopelessness and feelings of being overwhelmed.

Post-storm: The post-storm period may be characterized by expressions of relief, shock, confusion, hyperarousal, anger, fear, grief, redefinition of goals, renegotiations of relationships and the development of psychopathology. As children emerge from their refuge, they may commonly experience shock and bewilderment over their plight. The entire experience begins to take on a surreal quality as they view the ravaged landscape, homes and other meaningful community structures that may have been obliterated by the catastrophic winds or flood waters. During this period, children may appear to be physically shaken, emotionally dazed and detached. Following a series of deadly tornadoes in central Florida, a young boy was stunned upon seeing his neighbors demolished homes: "Mommy," he asked, "Why didn't God stop the tornado?" Child survivors of the Alabama tornadoes also had similar concerns: "Mommy, when it gets dark, that's when the winds will come and blow down the house," while "an elementary school boy who lost a playmate seems unusually quiet except for frequently telling his mommy that he loves her" (Butgereit, 1998). Such responses are commonplace among children as they attempt to find meaning in their experiences.

Other children may initially react with overwhelming joy that they and their loved ones survived the ordeal. Such responses, however may quickly be tempered as children become aware of the extent of community-wide impact. These early perceptions are but a prelude to the lengthy process of physical and emotional reconstruction which lies ahead.

As a result of their exposure to hurricanes or tornadoes, children may suffer tremendous losses including loss of control over one's life, loss of faith in one's God or other people, loss of sense of fairness or justice, loss of loved ones, loss of personal belongings or property, loss of a sense of immortality and invulnerability, and loss of future. Clearly, the loss of a loved one will deliver a devastating blow to children and will significantly complicate their recovery.

Children residing in the high impact areas of Hurricane Andrew, the Alabama tornadoes and Arkansas tornadoes reported similar accounts of multi-level loss, particularly loss of home, school, playground, friends and community. Such losses are attributed to the catastrophic damage of structures and facilities and/or losses due to displacement, as many children were relocated outside the impacted community. Everyone effected at some level loses a sense of control over their fate. The hardest hit children lose their sense of future. All losses involve grieving and bereavement and the multiplicity of loss can extend the grieving process and in some create a sense of despair (Lazarus & Jackson, 1993).

Post-storm Trauma Indicators

Natural disasters trigger a multitude of emotional and behavioral responses within children. The following listing of post-storm indicators is based upon research conducted in the aftermath of Hurricane Andrew. The study, conducted by La Greca et al (1993) at the University of Miami and Florida International University Departments of Psychology, focused exclusively on the reactions of elementary school children. These reactions follow:

(1) **Fears:** a) fear that they will be left alone or separated from their family, b) fear that something will happen to one of their family members, c) fear of the dark, d) fear of being alone, and e) fear that they caused some part of the disaster.

(2) **Regressive behavior:** a) acting like a younger child, b) irritability, c) whining, and d) clinging behavior.

(3) **Behavioral difficulties:** a) aggressive behavior at home or school, b) angry outbursts, c) hyperactive or silly behavior, and d) difficulty sharing with others.

(4) **Depressive symptoms:** a) crying, b) withdrawal from others, c) changes in appetite, d) insomnia or not wanting to sleep alone, e) nightmares, f) sadness, and g) loss of interest in previously preferred activities.

(5) **School difficulties:** a) poor concentration in school, b) decline in academic performance, and c) refusal to attend school.

Adolescents may manifest many of the symptoms displayed by their younger age peers. Further, they may participate in increasing levels of risk taking behaviors following the trauma. The use of drugs, sexual acting out, leaving school prematurely, antisocial behavior, and suicidal behavior are all negative outcomes demonstrated by trauma-exposed adolescents. A recent study indicates that, during the two-year period following hurricane disasters, the suicide rate among individuals exposed to the event increased by 31%, as compared to pre-storm events. This effect was found across both sexes, and all age groups. It should be noted that suicide rates did not rise significantly following tornadoes, but the possibility for such occurrences needs to be recognized (Krug et al., 1998).

Post-traumatic stress disorders: In the aftermath of a natural disaster, children may demonstrate symptoms of post-traumatic stress disorder (PTSD) which is expressed as follows:

- Re-experiencing the disaster during play, dreams, or flashbacks. For example, a child may: 1) Repeatedly act out what happened in the disaster when playing with toys; 2) have many distressing dreams about the disaster; 3) be distressed when exposed to events that resemble the disaster or at the anniversary of the disaster; 4) act or feel as if the disaster is happening again.
- Avoidance of reminders of the disaster or general numbness to all emotional topics. For example, a child may: 1) Avoid all activities that remind him/her of the disaster; 2) be unable to remember parts of the disaster; 3) withdraw from other people; 4) have difficulty feeling positive emotions.
- Increased arousal symptoms. For example, a child may: 1) Have difficulty falling or staying asleep; 2) be irritable; 3) have difficulty concentrating; 4) startle more easily. (La Greca et al. (1993),University of Miami and Florida International University, Departments of Psychology, p. 7-8)

Children who are at High Risk

Disaster-related experiences: The most important determinants in developing PTSD symptomatology have been identified and reported to be: a) perceived life threat b) the potential for violence c) the experience of extreme fear and d) a sense of helplessness (Davidson & Foa, 1991). Degree of exposure as a critical determinant has been reported following the eruptions of the volcano at Mt. St. Helens and after the Three Mile Island disaster.

It has also been found that the occurrence of trauma symptoms relies more on how the intensity of the trauma was perceived than the actual trauma itself (Frederick, 1985). Other factors that influence the development of PTSD include perceived level of threat and suffering as well as low levels of controllability.

In South Dade County, it was found that after Hurricane Andrew, one critical variable that influenced whether or not a child developed PTSD was whether or not the child believed her parents might die or she might die (Lazarus, 1996; Lazarus, Zenere, & Collier, 1995). This is similar to the conclusion found in most studies-the greater degree of trauma, the greater the likelihood of developing PTSD (Pynoos, 1990; Pynoos et al, 1987).

Researchers at the University of Miami and Florida International University, in studying those individuals who suffered from PTSD after Hurricane Andrew, found that those children who experienced any one of the following were more likely to have long- term difficulties:

a) children who had threats to their physical safety during the disaster
b) children who thought they might die during and after the disaster
c) children who report that they were very upset during and after the disaster
d) children who lost their belongings or house as a result of the disaster
e) families who had to relocate as a result of the disaster
f) children who attended schools following the disaster that had multiple schedule changes, double sessions or a lot of disruptions.

It has been underscored that extreme intensity of some situations will lead to initial symptoms in virtually everyone. In situations of less extreme exposure, individual vulnerability factors make a more significant difference (Lazarus, 1996). For a thorough review of the history and prevalence of post-traumatic stress disorder in children and adolescents see Saigh, Green, & Korol, 1996. Also see the entire *Journal of School Psychology, 34* (2).

Individual vulnerability factors: There are psychological factors that are useful in identifying children at risk (La Greca et al., 1994). These include children who use ineffective ways of coping with stress such as using denial, passivity or avoidance. For example, children who frequently make statements such as "I wish the bad things never happened" (Denial); "I didn't do anything because the bad things can't be fixed" (Passivity); "I tried to forget it all the time" (Avoidance). Children who have less social support from their family, friends or teachers are at greater risk. These include a child who feels alone, doesn't have anyone to share feelings with, spend time with, has to relocate after the disaster, or has friends who move away as a result of the disaster. Children will also become more at risk if other stressful events happened to them after the disaster such as parents getting divorced or separated or parents losing a business or job.

Following Hurricane Hugo, a study revealed that females and younger children were more likely to suffer from PTSD (Lonigan, Shannon, Taylor, Finch, & Sallee, 1994). Females report more symptoms associated with emotional processing and emotional reactions to trauma (Lonigan et al., 1994). In another study, girls were more likely to report long-terms symptoms of being nervous, having more stomachaches, fearing another disaster or feeling more alone after Hurricane Andrew (La Greca et al., 1994). In addition, it was also found that higher levels of trait anxiety led to a greater risk of developing PTSD (Lonigan, et al., 1994).

Long-Term Effects

In an effort to determine the long-term course of post traumatic stress symptomatology (PTSS) and psychological morbidity, Shaw and others (1995) studied the impact of Hurricane Andrew on school age children from 6-11 years of age and in a follow-up study (1996) from 7 to 13 years of age. The findings indicate the following: At eight weeks post-storm, 85% of the children who lived in the area of catastrophic damage displayed, at minimum, moderate levels of PTSS. At 32 weeks, 89% of these children remained classified within moderate, severe or very severe categories. The research also revealed that "21 months after the hurricane there continued to be increased indices of psychopathology for both boys and girls" (Shaw et al., 1996, p. 362). These results provide clear evidence of the long-term emotional impact that children experience following a major storm event, and further serve to support the need for longitudinal intervention and postvention services.

Summary

In this article, the authors underscored the factors that influence children's reactions to large scale wind disasters, what types of reactions children typically exhibit and those determinants-both disaster related and emotional in nature-that are useful in identifying children at high risk. In order to offer effective crisis intervention services, practitioners need to understand the experiential world of the child, short-term and long-term effects following the disasters, and how to identify those students most at risk.

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National Association of School Psychologists

Trauma and Children

A Parent Handout for Helping Children Heal

by Philip J. Lazarus, Ph.D.
Florida International University
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Background

Every parent at one time has worried about harm befalling their children. When trauma to children occurs, the territory of everyday life becomes frightening and unfamiliar not only for children but parents as well. Parents may find themselves overcome with anxiety and fear. Trauma may send a shockwave to the system and parents may respond with a wide range of feelings. These feelings may include a sense of disbelief, helplessness, isolation, despair, or horror. Parents may try to make sense out of a senseless act. Who can prepare for their children being physically or sexually assaulted, kidnaped, mugged, robbed or involved in a severe automobile accident? Who can prepare for children being diagnosed with a life threatening illness or experiencing a natural or man-made disaster?

Traumas typically occur suddenly, often leaving children little or no time to prepare physically or emotionally. Traumas are unpredictable and outside what is to be expected in children's lives. During a trauma, children experience intense fear, horror or helplessness. Typical methods of coping no longer work. Following trauma, children require extra support and need to learn new coping strategies.

Parents can be instrumental in their children's recovery. Therefore, helping children recover from a trauma is a family matter. Parents need to take the lead and model positive coping. Yet parents themselves may require extra information, support and resources to assist their children. Some first steps that parents can take are to understand the impact and symptoms of trauma and how to help in the aftermath. This handout provides this information.

The Impact of Trauma

Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality makeup, their characteristic coping style and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. A constructive way to view the situation is that they are normal children in an abnormal circumstance.

It is natural for children to first experience some sort of *denial.* For example, children may insist upon returning to a house that has been destroyed. *Fears, worries or nightmares* are common following a trauma. *Sleep disturbances or eating difficulties* may happen. Also children may begin to *regress emotionally* or act younger than their chronological age. They also may become more *clinging, unhappy and needy of parental attention and comfort.* Feelings of *irritability, anger, sadness or guilt* may often emerge. *Somatic complaints* such as headaches, stomachaches or sweating are not unusual. Some *loss of interest in school and poor concentration* are some other common reactions.

Symptoms Associated with Post Traumatic Stress Disorder

Following a trauma children may experience some of the symptoms of Post Traumatic Stress Disorder (PTSD). The main symptoms are as follows:

Re-experiencing of the trauma during play or dreams.

For example, children may:

- Repeatedly act out what happened when playing with toys
- Have many distressing dreams about the trauma

- Be distressed when exposed to events that resemble the trauma or at the anniversary of the trauma
- Act or feel as if the trauma is happening again

Avoidance of reminders of the trauma and general numbness to all emotional topics.

For example, children may:

- Avoid all activities that remind them of the trauma
- Withdraw from other people
- Have difficulty feeling positive emotions

Increased "arousal" symptoms.

For example, children may:

- Have difficulty falling or staying asleep
- Be irritable or quick to anger
- Have difficulty concentrating
- Startle more easily

What Can I Do as a Parent Following a Trauma?

- **Establish a sense of safety and security.** It is essential that children feel protected, safe and secure in the aftermath of a trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them. Children will need a lot of comforting and reassurance.
- **Listen actively to your children.** Seek first to understand before trying to be understood. Parents may underestimate the extent of the trauma experienced by their children. It is often not as important what you say, but that you listen with empathy and patience. In some instances your children may be reluctant to initiate conversations about trauma. If so, it may be helpful to ask them what they think other children felt or thought about the event. Also, it may be easier for children to tell what happened (e.g., what they saw, heard, smelled, physically felt) before they can discuss their feelings about the trauma. In other instances, children will want to tell their parents the story of the trauma over and over. Retelling is part of the healing process. Children need to tell their stories and have their parents listen, again and again to each and every agonizing detail.
- **Help your children express all their emotions.** It is important to talk to your children about the tragedy — to address the suddenness and irrationality of the disaster. Reenactment and play about the trauma should be encouraged. It is helpful to ensure that children have time to paint, draw or write about the event. Provide toys that may enable children to work through the trauma. Examples may include such items as a toy fire engine, ambulances, fire extinguisher, doctor kit, etc. for a girl injured in a fire. Imagining alternate endings to the disaster may help empower your children and allow them to feel less helpless in the aftermath of a tragedy.
- **Validate your childrens' feelings.** Help children understand that following a trauma all feelings are acceptable. Children will probably experience a myriad of feelings which could include shame, rage, anger, sadness, guilt, pain, isolation, loneliness and fear. Help your children understand that what they are experiencing is *normal* and to be expected.
- **Allow your children the opportunity to regress as necessary.** This is important so that they may "emotionally regroup". For example, your children may request to sleep in your bed with the lights on or you may need to drive your children to school. Previously developed skills may seem to disappear or deteriorate. Bed wetting or thumb sucking may occur. Aggression and anger may emerge in a previously non-aggressive child. Be patient and tolerant and never ridicule. Remember that most regression following a trauma is temporary.

- **Help children clear up misconceptions.** Help correct misunderstandings regarding the cause or nature of the trauma, especially those that relate to inappropriate guilt, shame, embarrassment or fear. (Examples may be " I should have been able to save my brother from the car wreck." "God struck my sister dead because God was angry at her." "My father died of cancer and I will catch it from him.")
- **Educate yourself about trauma and crisis.** The more you know about trauma, the more empowered you may feel. To help educate yourself, consider setting up a conference with the school psychologist or mental health professional in your school. A good place to start is by reading the text listed below under "Resource for Parents."
- **Help predict and prepare.** If your children need to go to a funeral or deal with surgery, carefully explain what will happen each step of the way. Allow your children to ask all kinds of questions. If they need to appear in court, explain what they will see, hear, do, etc.
- **Arrange support for yourself and your family as necessary.** Consult with your clergy, rabbi, physician and friends as necessary. You may need extra emotional, religious, medical and/or psychological support. If possible take appropriate time for recreational or pleasurable experiences with your children to establish a sense of normalcy and continuity.
- **Communicate with the school and staff about what occurred.** Most teachers will be understanding and helpful if they know that children had a traumatic experience. Teachers may be able to provide additional support both educationally and emotionally. They can also provide information to doctors or therapists or alert you to troublesome behaviors they observe.
- **Affirm that your children are capable of coping and healing in the aftermath of a trauma.** Plant "emotional seeds" that express confidence in your children's ability to heal. Remember the messages that you give your children have incredible power.
- **Seek professional assistance for your children and family as necessary.** When seeking help, make sure the professional has experience with children and has treated crisis and trauma. Feel free to discuss with the therapist all your concerns and all aspects of treatment. If your children are experiencing the symptoms of PTSD, then therapy may be warranted.

What Can I Say as a Parent Following a Trauma?

- Sometimes knowing exactly what to say is difficult. However, your emotional expression of love and concern is more important than words. Just saying "This is very hard for us" can lead to emotional relief and understanding.
- Always be honest with your children about what has happened and what may occur. Remember that following a trauma, children may lose a sense of trust about the safety and security of the world. Therefore, honesty is essential so your children can maintain a sense of trust.
- Respect your children's fears. Children can not be helped by trying to argue them out of their fears by appeals to bravery or reason. What is most helpful is an approach that says "I know you are feeling frightened of — — — — — now." This can be followed by an offer of assistance and support by saying, "Let's see what we can do to make this less scary for you."
- Make sure that your children know that your are aware of the seriousness of the situation. Allow your children to cry. Saying to your children "Don't cry, everything will be fine" denies the seriousness of the situation.
- Try to recognize your children's feelings and put them into words. For example, if a child's close friend died in an automobile accident, you might say to your child "You are sad and angry that your friend was killed. I know that you must miss him very much." Or if a child feels overwhelmed by fears in the aftermath of a hurricane, you may say, "I know that you are frightened, but we have a plan to protect us if another hurricane occurs."

What Should I Do if I Believe My Child May be Suffering from PTSD?

Consult with your local school psychologist or contact a mental health professional who has experience in this area such as a psychiatrist, psychologist or mental health counselor. Your school psychologist or pediatrician may direct you to the appropriate resources.

What Type of Therapy is Recommended for Traumatized Children?

A variety of methods may be used depending on the orientation of a particular therapist. Very different approaches to the same problem can be equally effective when undertaken by an insightful and skilled professional. Approaches may include individual, group or family therapy. Therapists often use play, art and drama methods in their treatment as well as "cognitive-behavioral" approaches, which help children reinterpret events and feelings in a more positive way , or in some cases they might use clinical hypnosis. As part of the therapy experience, children will be guided to reprocess the trauma in a safe and supportive environment. In some instances medication may be used to control severe anxiety, depression or sleeplessness. However, medication should not be used as a substitute for psychotherapy for traumatized children.

If I Seek Therapeutic Services for My Children, What Will be the Goals of Therapy?

The goals of therapy with traumatized children should include:

- Gaining a sense of mastery and control over one's life
- The safe expression and release of feelings
- Relief of painful symptoms and post traumatic behaviors
- Minimizing the scars of trauma
- Corrections of any misunderstandings and self-blame
- Restoration of hope regarding the future
- Establishing a renewed sense of trust in oneself and the world
- Developing perspective and distance regarding the trauma

Summary

Helping children recover from trauma is a family matter. It is important to maintain an open discussion of the trauma and recognize the feelings of all family members. Focus on the immediate needs of the children, and take a one-day-at-a-time approach. Find and use support systems outside of the family. Always maintain a positive image of your children as healers and survivors.

Resource for Parents

Monahon, C. (1993). *Children and trauma: A parent's guide to helping children heal.* New York: Lexington Books.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Crisis and Counter-Transference: Caretaking the Caretaker

by Servio Carroll, Ed.S., NCSP
Sheridan (WY) School District No. 2

Sheridan, Wyoming — 1993. It was a sunny and cool Indian Summer mid-morning in this northeast Wyoming town of 15,000. At Central Middle School a sixth grade physical education class was on the football field. Through an unlocked gate at the far end, a man armed with a 9 mm semi-automatic pistol entered the field, walked toward the class and began firing toward the children. The children scattered toward the building, finding the gates of a four-foot chain link fence locked. The teacher tried to shield the children from the attacker with her body while helping the children over the fence; others found the open gates. Four children had been wounded and, amid the panic and screams, students helped their wounded friends off the field.

The events on the field quickly drew the attention of the classes facing the field and soon pandemonium spread throughout the entire school. The emergency services were mobilized and rushed toward the school. A local radio station heard the call on a scanner and aired the news to the community with the instruction to parents to go to the school and get their children. Many did so and soon the streets around the school were blocked with abandoned cars as parents rushed to the school.

The school district's Early Response Team arrived almost with the ambulances and I began triage as the rest of the Crisis Intervention Team arrived shortly thereafter. By mid-afternoon normalcy was returning, but I noticed that I was not coming down from the initial rush — my emotions were high and it didn't feel right. This was not the way I usually responded to a "CI." I needed a time-out, took myself off the active team, and met with the maintenance crew who needed to clean and prepare the football field for the next day's regional football play-off game. Looking at the building's brick wall peppered with bullet holes brought back memories. Counter- transference?

Havana, Cuba — 1960. It was a sunny and cool early winter morning in this romantic Caribbean city and Castro had been in power for almost two years. Castro had formed and armed neighborhood defense committees, nationalized the U.S. business and industries, and religious persecution was going strong. The city was getting covered with anti-religious and pro-government posters and four sophomores decided to remove the latest poster from their private school's exterior wall during lunch. Previous posters placed on the school's outside walls by the neighborhood defense committee had been removed and an on-and-off pattern had developed, to the committee's chagrin.

As the poster was coming down, an armed committee member decided to deter the youths' efforts by firing a .45 caliber pistol toward the group. A couple of the boys were hit by shrapnel as the poster came down and they ran away. I was one of those boys, and the thoughts, sights, sounds, smell, tension and fear were still with me thirty years later. Now, I thought I had dealt with the issue and over the years I have been able to speak about it freely and without felt emotions. Obviously stronger memories of the past were still there, although I didn't know it. Counter-transference had taken place!

Post-Traumatic Stress Reactions

Counter-transference occurs when our own scars and injuries are revisited due to the sights, sounds, stories or issues raised by the victims or survivors. Post-traumatic stress reactions are more prevalent than most recognize, and like other conditions or disorders, their presentation ranges from mild to severe. Given the range of events we have experienced since birth, I think it would be safe to say that all adults have unresolved issues to some degree. When working with clients I often explain unresolved issues and the accompanying feelings by saying that everybody carries a gunny sack over a shoulder and we put things (unresolved issues and feelings) in this sack. As professionals we are all experienced

in working with people whose sack is full and heavy, and we work on helping them take "things" out of the sack. However, sometimes something in our sack pokes us on the backside.

In addition to counter-transference, or vicarious victimization, caregivers face burnout when their core needs are not addressed. As crisis workers, we become accustomed to trauma events and find it difficult to talk about our experiences to friends or relatives who may not understand. Although we have been trained in helping others, we often forget those skills when it comes to ourselves or our colleagues. Perhaps we are afraid to be seen as weak or unable to deal with our feelings or problems or unable to deal with our job.

Burnout is the most common complaint of crisis workers, and it is defined as a state of emotional, mental and physical exhaustion. Contributing factors are professional isolation, emotional and physical drain from providing constant empathy, ambiguous successes, erosion of idealism and lack of expected rewards. As caregivers we need to know what we are carrying around over our shoulders so we can recognize counter-transference and know our emotional limits. We need to be aware of how we are functioning in a given setting and have the freedom to take a time-out. We also need to be aware of our teammates' emotional limits and needs. We need to take care of ourselves and our teammates.

Taking Care of Ourselves

When faced with burnout or counter-transference, consider the following suggestions:

- Alter periods of exercise with periods of relaxation.
- Structure your time, keep busy.
- Reassure yourself that you are normal and having normal reactions. Don't label yourself crazy, weak or ineffective.
- Talk with others. Talking about your feelings, issues and events is healing.
- Avoid caffeine: coffee, chocolate, tea, sodas, etc.
- Reach out. People do care. Spend time with others.
- Maintain as normal a schedule as possible.
- Avoid the use of drugs or alcohol. Don't complicate the problem with substance abuse.
- Give yourself permission to feel rotten. It's normal.
- Keep a journal, write through sleepless hours.
- Do things that feel good to you.
- Realize that those around you are also under stress.
- Don't make any big life changes.
- Do make routine daily decisions. Regain control.
- Eat regular meals, even if you don't feel hungry.
- Get plenty of rest, as much as you can.
- Flashbacks are normal, don't fight them. They'll decrease in time and become less painful.

Taking part in the crisis team's debriefings or group crisis intervention for the caregivers is an effective way of preventing burnout. However, strong emotional feelings in a crisis situation signal the need to deal with unresolved issues. Take the opportunity to take a few "things" out of your bag.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Critical Incident: Stress Information

by Servio Carroll, Ed.S., NCSP
Crisis Intervention Team, Sheridan (WY) District No. 2

Emotional After-Shocks

You have experienced a traumatic event or a critical incident. A critical incident is any incident that causes one to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later. Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite *normal,* for people to experience emotional after shocks when they have passed through a horrible event.

Sometimes the emotional after shocks (stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. In some cases, weeks or months may pass before they appear.

Symptoms of Stress Reaction

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves. Symptoms:

Physical	Cognitive	Emotional	Behavioral
• fatigue • nausea • muscle cramps • twitches • chest pain • difficult breathing* • elevated BP • rapid heart beat • thirst • headaches • visual difficulties • vomiting • grinding of teeth • weakness • dizziness • profuse sweating • chills • shock symptoms* • fainting • etc. * *Needs Medical Attention*	• blaming someone • confusion • poor attention • poor decisions • heightened or lowered alertness • poor concentration • memory problems • hypervigilance • difficulty identifying familiar objects or people • increased or decreased awareness of surroundings • poor problem solving • poor abstract thinking • loss oftime, place or person orientation • disturbed thinking • nightmares • intrusive images • etc.	• anxiety • guilt • grief • denial • severe panic • emotional shock • fear • uncertainty • loss of emotional control • depression • inappropriate emotional response • apprehension • feeling overwhelmed • intense anger • irritability • agitation • etc.	• change in activity • change in speech patterns • withdrawal • emotional outbursts • suspiciousness • change in usual communications • loss or increase of appetite • alcohol consumption • inability to rest • antisocial acts • nonspecific bodily complaints • hyperalert to environment • startle reflex intensified • pacing • erratic movement • change in sexual functioning • etc.

Consider These Suggestions for the First 24 to 48 Hours:

- Alter periods of exercise with periods of relaxation.
- Structure your time, keep busy.
- Reassure yourself that you are normal and having normal reactions. Don't label yourself crazy.
- Talk with others. Talking about it is healing.
- Avoid caffeine: coffee, chocolate, tea, sodas, etc.
- Reach out. People do care. Spend time with others.
- Maintain as normal a schedule as possible.
- Avoid the use of drugs and alcohol. Don't complicate the problem with substance abuse.
- Give yourself permission to feel rotten. It's normal.
- Keep a journal, write through those sleepless hours.
- Do things that feel good to you.
- Realize that those around you are also under stress.
- Don't make any big life changes.
- Do make routine daily decisions. Regain control.
- Eat regular meals, even if you don't feel like it.
- Get plenty of rest, as much as you can.
- Flashbacks are normal, don't fight them. They'll decrease in time and become less painful.

Resources

Seek professional help from a mental health provider or your physician if you feel overwhelmed. It's Okay. They are trained to help you deal with these strong emotional reactions. It's not a sign of weakness.

— *Reprinted from* Helping Children at Home and School: Handouts from your School Psychologist *(NASP, 1998).*

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Estimating Severity of Reactions to a Death

Questions for School Personnel

Crisis Team
Wheaton North High School
Wheaton, IL

- When did staff and students hear the tragic news? Have they had time to process emotions?
- How well known was the person who died? Where they a long-time member of your school community?
- What happened to him/her? Violent/unexpected deaths will be more difficult to deal with!
- Did members of the school community witness or even cause the death?
- Where did the death occur?
- What other crisis events have impacted the school?
- What other buildings will be affected by this death?
- Are their siblings or spouses or other family members in this or other schools?

— Thanks to Nancy Metzler, NCSP, school psychologist at Wheaton North, for sharing this resource.

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Safe Schools Resources

Compiled by Andrea Canter, Ph.D., NCSP
Minneapolis Public Schools

Books, journals

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Curricula

Goldstein, A., Palumbo, J., Striepling, S. & Voutsinas, A. (1995). *Break it up: A teachers' guide to managing student aggression.* Champaign, IL: Research Press (217-352-3273). Step-by-step procedures to a team approach to handling student disruption and aggression; also available on video.

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National Crime Prevention Council (1992). *Special focus — Preventing violence: Program ideas and examples.* Washington, DC: Author (202-466-6272). A cross-section of anti-violence programs.

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Prothrow-Stith, D. (1987). *Violence prevention: Curriculum for adolescents.* Newton, MA: Education Development Center, Inc. (55 Chapel St, Newton, MA 02160). Sample lessons, exercises, projects and handouts to help students become aware of positive ways to deal with anger and conflict.

Shure, M.B. (1994, 1995, 1996). *Raising a thinking child.* Henry Holt & Company, Inc. (book, workbook); Bantam Doubleday Dell (auidotape). Multi-media program to teach problem-solving skills.

***Violence prevention: Totally awesome strategies for safe and drug-free schools.* (1995). Blacklick, OH: Meeks-Heit Publishing Co. (800-682-6882).** Resources, curriculum, annotated bibliography, teaching strategies. Meeks- Heit also publishes a series of Violence Prevention Student Handbooks.

Organizations, Agencies

American Association of Suicidology, 2459 S. Ash, Denver CO 80222; (303) 692-0285.

Federal Emergency Management Agency (FEMA), FEMA Publications, PO Box 70274, Washington, DC 20024; (202) 646-3484.

National Crime Prevention Council, 1700 K St NW, Second Floor, Washington, DC 20006; (202) 393-7141.

National School Safety Center, 4165 Thousand Oaks Blvd, Suite 290, Westlake Village, CA 91362; (805) 373- 9977. (See quarterly journal, *School Safety.*)

National Organization of Victims' Assistance (NOVA), 1757 Park Rd. NW, Washington, DC 20010; (800) TRY-NOVA; *<http://www/try-nova.org>*

National Association of School Psychologists/National Emergency Assistance Team, 4340 East West Highway, Suite 402, Bethesda, MD 20814; (301) 657-0270; website: *<http://www.naspweb.org>*

Media Catalogs

Bureau for At-Risk Youth (books): (800)-99-YOUTH (publications aimed at children and teens).

Coronet MTI (films and videos): (800) 777-8100 (death, suicide, safety, crime prevention topics).

Drug-Free Catalog for Schools, Communities and Workplace Programs: (800) 453-7733 (books, videos).

Federal Emergency Management Agency Catalog: (202) 646-3484 (books, kits, teaching guides).

Video

When Helping Hurts: Sustaining Trauma Workers (Gift from Within, RR 1, Box 5108, Camden, ME; #V416–50 min., $95)

— *Previously published in* Communiqué, *November 1998 (volume 27, no.3).*

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Crisis Resources Online

Compiled by Bill Pfohl, Psy.D., NCSP
Western Kentucky University
NEAT Team Facilitator

<http://www.try-nova.org> National Victim's Assistance Organization

<http://www.wm.edu/TTAC> William & Mary University

—Click on "Articles" and under Challenging Behaviors, find information on Crisis Information; also other valuable information.

<http://www.redcross.org> American Red Cross

<http://www.indian-suicide.org> American Indian Suicide Prevention site

<http://www.fema/emi/cert/index.htm> Federal Emergency Management Agency

—Crisis Emergency Response Team information

<http://www.fema.org/> Federal Emergency Management Agency

— includes information for kids.

<http://www.projectlinus.org> Project Linus

—State by state listing for getting blankets for those who are traumatized.

<http://www.sidran.org/casa.html> Trauma Resource Area

<http://www.counseling.org/consumer_media/>. American Counseling Association (ACA)

—Three handouts

<http://www.med.nyu.edu/Psych/src.psych.html> Internet Mental Health Resources

<http://www.mcs.net/~kathyw/trauma.html> Essential Information on Trauma & Dissociation

<http://www.trauma-pages.com> David Baldwin's Trauma Information

—A clinical psychologist from Oregon with excellent information and links

<http://www.istss.org> The International Society for Traumatic Stress Studies

— Good information and links

<http://www.aaets.org/tnesp.htm> The American Academy of Experts in Traumatic Stress

<http://datmouth.edu/dms/ptsd/> National Center for Post Traumatic Stress Disorder

— VA Hospital

<http://www.long-beach.va.gov/ptsd/stress.html> PTSD Resources Web Page

<http://infoseek.go.com/WebDir/Health/Mental_health> Infoseek Search engine PTSD Link

<http://www.sover.net/~schwcof/ptsd.html> PTSD Bibilography

<http://www.aacap.org/clinical/Ptsdsum.htm> American Academy of Child & Adolescent Psychiatry

<http://www.sourcemaine.com/gift/> Gift From Within

— Several references on trauma

— Thank you to Lori Craycroft for her assistance in helping to identify some of these sites.

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Crisis at School

Sample Notification Letters

Minneapolis (MN) Public Schools
Cypress-Fairbanks (Houston TX) ISD
Springfield (Oregon) Public Schools

Death of a Staff Member (Minneapolis)

Dear Parents or Guardian:

This past weekend, _____, our head engineer, passed away after falling while working on his home one week ago. _____ was a very special friend to many of the children. They saw him working around the building, fixing things in their classrooms, and each day in the lunchroom. _____ took the time to visit with children and they greeted him by name when they saw him. He will be greatly missed by all of us.

Children have been told about _____'s death. We are working with our school psychologist and social worker to help children understand, and to help them with questions or concerns which they might have.

I want you to know of our loss so that , if your child talks to you about _____, you will be better able to respond to their questions.

Sincerely,

_____, Principal

Accident Involving Student (Minneapolis)

Staff Memo (from Principal):

Last night, _____, Room 204, was hit by a car while she was out trick-or-treating with two other girls, students in middle school. She is at North Memorial Hospital in very critical condition. Officer _____ of the Minneapolis Police Department came to school this morning to report the accident. He suggested that we have an assembly for all students. We will meet at 9:30 am in the Multi-Purpose Room for approximately 20 minutes. At that time, we will tell the children about the accident and then discuss basic safety. _____, our school psychologist, will be available after the assembly to assist any individual children and or classrooms who are having difficulty understanding or dealing with this situation. Our school social worker, _____, will spend the morning in Room 204 to provide some extra support to the children and their teacher.

I have written a letter to parents that will be ready to go home with all students this afternoon. It has been suggested that students might want to draw pictures or make cards to send to _____ or her family. This will provide the children with an opportunity to release their feelings and will to bring some closure to the tragedy.

Death of Student — Illness (Minneapolis)

Dear Parents/ Guardians:

Today we were saddened to learn of the death of one of our students. _____, a 5th grader in Room 305, died from leukemia and other complications. In the short time _____attended our school, she endeared herself to staff and students, both in fifth grade and in her girl scout troop #117.

We have talked with the students who were in _____'s classroom about her death. We also have our school psychologist, _____, who is available all this week to talk with any children who might need some extra support.

We suggest that you discuss this matter with your child and respond to any questions that arise. If you wish to have one of our support team staff members talk individually with your child, or with to talk with someone yourself, please contact our social worker, _____, so that we can make those arrangements. If you wish to join the staff in contributing to a fund for the family, you may contact us at the school.

Sincerely,

_____, Principal

Student Suicide (Cy-Fair ISD)

Dear Parent of Kennedy Students,

The Kennedy Middle School community was saddened to learn of the reported suicide of one of our seventh grade students. The death of any young person is a loss that, in one way or another, affects each of us. The tragic circumstances of a suicide death are perhaps more difficult to accept.

We have asked the assistance of the crisis team to help our school community deal with this loss. We are providing support to all students and staff to help them cope with this tragedy. We may never know why this death occurred and will not focus on trying to figure it out. Instead, we will focus on suicide prevention in our society. You may anticipate questions and a need to talk about the death with your child.

If you have any concerns regarding your child's reactions to this loss, please do not hesitate to call the school for assistance. Ask for _____ *(Specific names of key contacts you may want to include are those such as counselors, nurses, or psychologists.)*

Sincerely,

_____, Principal

Sample Death Notification to Students (Springfield, Oregon)

Today we received tragic news. We were informed that one of our students, _____, died from _____. (Give any details which are known and relevant here).

When events such as this happen, people react in many different ways. Today you may see people acting sad, upset, angry or shocked. We all need to practice patience and respect for each other. Some of us will want to have quiet time or time to talk with an adult. Some of us will be ready to return to academics sooner than others.

We can take some time to talk about this now. When most of the students are ready to return to our regular schedule we will do so.

If you need to talk to an adult, there will be counselors available for you today in the "Safe Room" (identify location in building). You will need to take a pass and sign-in in the Safe Room when you arrive.

The school day will remain on schedule. Students are expected to stay at school and be in rooms with adults present.

_____, Principal

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